



OFFICE OF LICENSING
Children's Residential Service
Applicant Packet
(12VAC 35-46)



*Virginia Department of
Behavioral Health and Developmental Services
1220 Bank Street
Richmond, VA 23219
(804) 786 -1747*

9//2014

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DBHDS Licensing Process Overview

When applying for a Department of Behavioral Health and Developmental Services (DBHDS) license, it is important for all applicants to understand the DBHDS Licensing process and related issues. Due to the high volume of applications, the entire licensing process could take six to twelve months to complete. This time period should be expected, unless the Department of Behavioral Health and Developmental Services (DBHDS) determines that the service and/or location of the service is addressing a priority need. However, in an effort to expedite the licensing process, we are revising the process - the initial application and attachments and the policies and procedures portions will be combined. Please be mindful that incomplete applications, applications that fail to adequately address all licensing regulations or provider delays in providing requested information can further extend the licensing process.

1. Until you are confident of being near the end of the licensing process, please delay:

- **buying a home for a service,**
- **renting office space,**
- **buying insurance, &**
- **hiring staff.**

However, you should be collecting and submitting resumes for prospective staff for critical positions, identifying potential property locations and getting insurance quotes because these items will be required during the application phase.

2. Review your business plan including how you expect to get referrals for your program. A License does not guarantee sufficient referrals to sustain a business. This is especially true where a large number of providers may already exist including Intensive In-Home, Day Treatment for Children, ID Group Homes and Children Residential Group Homes.

3. Be sure to provide the requested information listed on the application. Please follow the "Policy and Procedure Review Checklist" when submitting your Policies and Procedures.

The DBHDS 5-Phase Licensing Process is as follows:

PHASE ONE:

1. New applicants will submit the following information as **one packet** for review:

- A completed **Licensing Application** with the required attachments **AND**
- The **Licensing Policies and Procedures (P & Ps)**

To expedite the licensing process, the focus of the P & P review will be on specific policies, but the applicant is required to complete and submit **ALL** policies and sign the P & P verification information confirming that all policies have been completed and submitted. The licensing specialist will determine the final approval of the Licensing Policies as part of the onsite inspection.

PHASE TWO:

1. The applicant will complete the **Human Rights Policies and Procedures/Human Rights Affiliation** process. The applicant is issued a letter from the Office Human Rights directing the applicant to pursue a human rights affiliation with the local human committee.
2. The applicant will register with the DBHDS Background Investigation Unit to initiate the **Criminal Background Check** process.
3. The applicant will contact the Virginia Department of Social Services to complete the **Central Registry Check** process.

PHASE THREE:

1. The Office of Licensing will assign a licensing specialist to the applicant.
2. The licensing specialist will complete the **Onsite Inspection Process**. During the inspection, the Licensing Specialist will review the physical facility or administrative office and conduct knowledge based interviews with the Service Director, CEO, licensed staff, etc. to determine if the staff has a working knowledge of the service. The licensing specialist will determine the final approval of the Licensing Policies and procedures as part of the onsite inspection. Once the onsite inspection is completed, the Licensing specialist will make a licensing recommendation to the Office of Licensing management staff for review, who then, will forward the recommendation to the DBHDS Commissioner for the final approval.

PHASE FOUR:

1. While the applicant is waiting for the licensing recommendation's approval from the DBHDS Commissioner, the applicant may request a **Pending Letter** from the specialist. The licensing specialist will initiate the pending letter and will submit it to the applicant via email. The pending letter will serve as the **authorized license** until the finalized license is received. Medicaid is notified via the pending letter, so the new Provider may begin providing services.

PHASE FIVE:

1. The finalized license is mailed to the provider.

THE PROCESS FOR LICENSING CHILDREN'S RESIDENTIAL FACILITIES

THE APPLICATION PACKET

Enclosed you will find a complete application package. The application packet consists of the following:

1. The licensing application instructions, including the required attachments;
2. A proposed working budget form/ Balance sheet for private sector facilities;
3. Information on the "siting" of children's residential facilities, required by Virginia Code;
4. A staffing pattern schedule sheet;
5. A copy of the *Standards for the Regulation of Children's Residential Facilities* that includes the Interpretive Guidelines for these regulations; , and
6. A copy of the *Rules and Regulations to assure the Rights of Individuals Receiving Services from Providers Licensed, Funded or Operated by the Department of Behavioral Health and Developmental Services* (The Human Rights Regulations).

Children's Residential Services (CRF) licensed by the DBHDS are required, by law and regulation, to provide "on-site" services to address the needs of residents with mental illness, intellectual disabilities (MR), or substance use disorders. These needs may include counseling, therapy, training, habilitation or other services. For example, a children's residential service serving emotionally disturbed children must provide for counseling/therapy on site, as well as a daily structured program of care. This structured program of care should be reflected in your service description.

To begin the licensing process you must submit a written "application with attachments" addressing the following licensing regulations including: §12VAC 35-46-640.A, §12VAC 35-46-800.A, §12VAC-35-46-20.B, §12VAC 35-46-625.B, and §12VAC 35-46-765. The application will be reviewed for "subjectivity." Subjectivity is the process of reviewing what you submit to determine if licensing by DBHDS is required for your selected service.

Please make certain you complete the following:

1. Address each element the application and regulations request;
2. Be as specific as possible (e.g. "qualified staff" does not tell us anything; explain how staff will be qualified. "residents will be assessed" does not provide enough information, how will they be assessed, by who, using what criteria?);
3. Make sure job descriptions are specific to your service. Do not simply re-state the regulation;
4. DO NOT submit information not requested, such as your policies and procedures;
5. Do not submit the information in a binder or notebook, and
6. Include the correct mailing address, email, phone number, etc.

Once completed, the application and ALL required attachments must be returned, with the required **\$500.00** application fee, (Only business checks or money orders are accepted; personal checks are not accepted) to:

The Office of Licensing
Department of Behavioral Health and Developmental Services
P.O. Box 1797
Richmond, VA 23218-1797
If you have questions please call 804-786-1747

The DBHDS Licensing process:

1. Submit and receive preliminary approval of the initial application, [and required attachments with \$500.00 fee];
2. Submit and receive approval of required Licensing policies, procedures and forms;
3. Submit required Human Rights policies and procedures **verification form** to the local Regional Advocate in the Office of Human Rights for approval,
4. Affiliate with a Local Human Rights Committee
5. Set up an account with the Background Investigations Unit of the Department of Social Services, and request criminal history and central registry background investigations for identified staff as required by Virginia Code § 37.2-416 and § 63.2-1726. These must be **completed prior to licensing**, and
6. Complete an on-site review of the physical plant, to include interviews with the applicant related to the content of their service description and policies and procedures, as well as compliance with the applicable regulations.

Starting a children's residential facility is the same as opening any small business. Many decisions about the service must be made by the applicant. While the Office of Licensing is happy to answer applicant questions regarding how applicable regulations are interpreted, it is unable to provide "consulting services" to assist applicants in understanding start up costs, what type of service to operate, whether there is a need for the service you are proposing in the area you wish to open, or in writing their service descriptions, policies, procedures or to develop forms.

TIMELINE FOR REVIEW AND APPROVAL

Opening a children's residential facility is a challenging process. Most applicants find that the process takes six months to a year before they receive a license. Submitting an application does not guarantee that a license will be issued. Careful planning and thoroughness in addressing regulations are critical to completing the process.

All applications are reviewed in the order they are received. If the application is complete, but there are questions about the submission, OL will contact the applicant by mail.

TRAINING FOR NEW APPLICANTS

As part of the licensing process, new applicants are strongly encouraged to purchase a training DVD at the Licensing Central Office. The training session runs about two hours, There is a fee of seventy-five dollars (\$75.00) to cover the cost of time and materials. Payment is due in the form of a check or money order made payable to Treasury of Virginia. You are strongly encouraged to view the DVD, with your program director, *prior* to submitting your policies and procedures. Please call 804-786-1747 to purchase.

POLICIES, PROCEDURES AND FORMS

Once the Phase I is completed, you will proceed to Phase II, where you will be requested to develop and submit all required Licensing policies, procedures and forms.

You will also be required to develop Human Rights policies and procedures in compliance with *The Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers Licensed, Funded or Operated by the Department of Behavioral Health and Developmental Services* (human rights regulations).

Human Rights Policies and Procedures:

Working with the Office of Human Rights, the applicant must:

- a. Develop policies that are in compliance with *The Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers Licensed, Funded or Operated by the Department of Behavioral Health and Developmental Services*.
- b. Submit verification of provider compliance with the human rights regulations, using the Human Rights Compliance Verification form (enclosed), to Margaret Walsh, Director of the Office of Human Rights. By submitting this form, the provider is verifying that it has written all policies, developed all documents and has knowledge and understanding as required by the human rights regulations.
 - Once the verification form is received and confirmed, the applicant may then:
- c. Contact the Regional Human Rights Advocate to pursue an affiliation with a Local Human Rights Committee (LHRC); and
- d. Receive LHRC review and/or approval of required policies and procedures.

Additional Copies of the Human Rights Regulations and the Human Rights as well as other information about the Office of Human Rights can be found on the DBHDS website: <http://www.DBHDS.virginia.gov/OHR-default.htm>.

The Office of Human Rights can also tell the applicant who his Regional Advocate will be. Margaret Walsh and the Office of Human Rights can be contacted by phone at 804-786-3988, by mail to 1220 Bank Street, Richmond VA 23218, via fax at 804-371-2308 or email at margaret.walsh@co.DBHDS.virginia.gov.

Licensing Policies and Procedures

Applicants should carefully read the applicable Licensing regulations to determine when a written policy or procedure is required. A written policy is required when a regulation calls for a "written policy," "written documentation," "procedure," or "plan." "Policy" defines *what* the plan, or guiding principle of the organization is, as related to the regulation; "procedures" are the process (or steps) the applicant takes to ensure that the policy is carried out. Procedures should answer the questions of *who*, *where* and *how* a policy will be implemented. **Policies and procedures are not re-statements of regulations.** Applicants may also need to develop other policies to guide the delivery of services even when not required by the regulations.

If further revisions are needed to submitted policies or forms, the applicant is notified in writing.

Once all Licensing policies, procedures and forms submitted and approved, and the *Human Rights Compliance Verification Form* been received and approved, a licensing specialist is assigned to complete the on-site review.

CRIMINAL HISTORY AND CENTRAL REGISTRY BACKGROUND CHECKS

Virginia Code §37.2-416 and §63.2-1726 require that all staff are subject to criminal history and central registry background checks to determine their eligibility to work with children in services licensed by the DBHDS. **After** the determination of subjectivity, the applicant should contact the Background Unit at the Department of Social Services (DSS) to obtain the procedures for completion of these background checks. Ms. Angela Pearson handles the criminal history background checks and she may be contacted at (804) 726-7099. These must be completed prior to being licensed.

You will need to conduct central registry background checks directly through the Department of Social Services. Required forms can be obtained from the DSS website, www.dss.state.va.us, or contact either Ms. Kim Davis, 804-726-7549, or Ms. Betty Whittaker at 804-726-7687.

ON-SITE INSPECTION

When the policies, procedures, and forms have been reviewed and approved, an on-site review of the facility where services will be delivered will be scheduled. This on-site review verifies compliance with several regulations by allowing reviews of:

1. The physical plant,

2. Personnel records (which must be complete and include evidence of completed applications for employment, evidence of required training and orientation, reference checks, and evidence of requests for background investigations),
3. A "sample" client record,
4. The applicant's knowledge of their service description and policies and procedures, and
5. The applicant will also be able to demonstrate that he has hired, trained, and oriented enough staff to begin service operation, including relief staff. In addition, the applicant will be required to submit complete and final copies of the service description, policies and procedures for the Office of Licensing to maintain on file.

Achieving compliance with the Licensing Regulations and the Human Rights Regulations is generally a concurrent process. However, each office independently reviews compliance with its own regulations.

Once this has been completed and the applicant is deemed to be in compliance with all applicable regulations [both Office of Licensing and Human Rights], the Office of Licensing makes a recommendation to the Commissioner of the DBHDS regarding the issuance of a license.

DENIAL OF AN APPLICATION

The application may be denied by the Commissioner if an applicant:

1. Has failed to achieve compliance with applicable regulations within one year from the date the application has been received;
2. Violates any provision of applicable laws or regulations made pursuant to such laws;
3. Has a founded disposition of child abuse or neglect after the appeal process has been completed;
4. Has been convicted of a crime listed in Virginia Code §§ 37.2-416 and 63.2-1726;
5. Has made false statements on the application or misrepresentation of facts in the application process;
6. Has not demonstrated good character and reputation as determined through references, background investigations, driving records, and other application materials;
7. Has violated existing regulations; or
8. Has permitted, aided or abetted the commission of an illegal act in services delivered by the provider, or exhibits conduct or practices detrimental to the welfare of any individual receiving services

Should an application be denied, applicants may have to wait at least six months before they can re-apply (Virginia Code § 37.2-418.C), and an additional \$500.00 application fee will be required.

Providers may not begin service operation until they have received a license from the Commissioner. Only the Commissioner may issue a license.

“Completed applications” for licensing a
Children’s Residential Facility
include the following:

<u>REQUIRED ATTACHMENTS</u>	<i>Children’s Residential Service Reg</i>
1. <input type="checkbox"/> This completed Application	§ 12VAC 35-46-20.D.1
2. <input type="checkbox"/> Resumes of all Identified Staff	§ 12VAC 35-46-270.B.1
3. <input type="checkbox"/> Working Budget (appropriated revenues and projected expenses for one year)	§ 12VAC 35-46-20.D.1
4. <input type="checkbox"/> Position Descriptions	§ 12VAC 35-46-20.D.1; § 12VAC 35-46-280; § 12VAC 35-46-340 & § 12VAC 35-46-350
5. <input type="checkbox"/> Complete Service Description (including philosophy and objectives of the organization, comprehensive description of population to be served, and services to be offered, brochures, pamphlets distributed to the public, etc)	§ 12VAC 35-46-20 B [1-5] § 12VAC 35-46-180 C
6. <input type="checkbox"/> Evidence of Financial Resources to Operate the Budget for Ninety Days (an ongoing basis)	§ 12VAC 35-46-20.D.1
7. <input type="checkbox"/> A copy of the Organizational Structure	§ 12VAC 35-46-180
8. <input type="checkbox"/> Certificate of Occupancy (except home-based services)	§ 12VAC 35-46-20.D.1 § 12VAC 35-46-420 A
9. <input type="checkbox"/> Evidence of authority to conduct Business in Virginia,	§ 12VAC 35-46-20.D.1
10. <input type="checkbox"/> Staffing schedule & written staffing plan (list of staff members with designated positions, qualifications, etc.)	§ 12VAC 35-46-20.D.1 § 12VAC 35-46-320
<i>And for residential services:</i>	
11. <input type="checkbox"/> Copy of the Building floor plan, with dimensions	§ 12VAC 35-46-20.D.1
12. <input type="checkbox"/> Current Health Inspection	§ 12VAC 35-46-420 B
13. <input type="checkbox"/> Fire Inspection	§ 12VAC 35-46-420 D [1-4]
Children’s Residential Service Only	
14. <input type="checkbox"/> Articles of Incorporation, By- laws, & Certificate of Incorporation	§ 12VAC 35-46-20.D.1
15. <input type="checkbox"/> Articles of Incorporation, By- laws, & Certificate of Authority	§ 12VAC 35-46-20.D.1
16. <input type="checkbox"/> Listing of board members, the Executive Committee, or public agency all members of legally accountable governing body	§ 12VAC 35-46-20-170
17. <input type="checkbox"/> References for three officers of the Board including President, Secretary and Member-at-Large	§ 12VAC 35-46-20.D.1

INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE APPLICANT.



Virginia Department of Behavioral Health and Developmental Services
INITIAL PROVIDER APPLICATION FOR LICENSING-C
Code of Virginia §37.2-405 & §35-46

Please use a typewriter or print legibly using permanent, black ink. The chief executive officer, director, or other member of the governing body who has the authority and responsibility for maintaining standards, policies, and procedures for the service may complete this application.

1. APPLICANT INFORMATION: Identify the person, partnership, corporation, association, or governmental agency applying to lawfully establish, conduct, and provide service:

Organization Name: _____

Mailing Address _____

City: _____ County _____ State: _____

Zip: _____ Phone:() _____ E-mail: _____

Names of all Owners and the percentage (%) of the Company owned by each _____

Chief Executive Officer or Director. Identify the person responsible for the overall management and oversight of the service(s) to be operated by the applicant.

Name: _____ Title: _____

Phone:() _____ Fax Number:() _____ E-mail: _____

All Residential Services: (The liaison is the staff that shall be responsible for facilitating cooperative relationship with neighbors, the school system, local law enforcement, local government officials and the community at large.)

Community Liaison Name: _____ Phone () _____ E-mail _____

2. ORGANIZATIONAL STRUCTURE: Identify the organizational structure of the applicant's governing body.

Check one(1) of the following:

☐ Non-Profit ☐ For-Profit

Check one(1) of the following:

☐ Individual (proprietorship)

☐ Partnership

☐ Corporation

☐ Unincorporated Organization or Association

Public agency:

☐ State ☐ Community Services Board ☐ Other

Identify accrediting or certifying organization from the following:

☐ Accreditation Council for Services for People with Developmental Disabilities

☐ Virginia Association of Special Education Facilities

☐ Joint Commission on Accreditation of Health Care Organizations

☐ Other association or organization:

☐ Commission on Accreditation of Rehabilitation Facilities

3. APPLICANT PARENT COMPANY INFORMATION: Identify the parent company of person, partnership, corporation, association, or governmental agency applying to lawfully establish, conduct, and provide service:

Company Name: _____

Mailing Address: _____ City: _____ County: _____ State: _____

Zip: _____ Phone:() _____ E-mail: _____

Name: _____ Title: _____

SERVICE TYPE:

Place a check to identify the service type. If the service type is not listed, please note in the service information section. Please note new applicants (no independent service operation experience) are permitted to apply for **ONE** service on the initial application.

Check one	Service	Pgm	Description	Licensed As Statement
	14	001	Level C MH Children Residential Service	A Level C mental health children's residential service for children with serious emotional disturbance
	14	004	MH Children Residential Service	A mental health children's residential service for children with serious emotional disturbance
	14	007	SA Children Residential Service	A substance abuse children's residential service for children
	14	008	MH Children Group Home Residential Service	A mental health group home residential service for children with serious emotional disturbance
	14	033	SA Children Group Home Residential Service	A substance abuse group home residential service for children
	14	035	ID Children Group Home Residential Service	An intellectual disability group home residential service for children
	14	048	ICF-IID Children Group Home Residential Service	An intermediate care facility for individuals with an intellectual disability (ICF-IID) group home residential service for children

5. SERVICE INFORMATION: Complete for the service type proposed by the organization to be licensed by the Department of Behavioral Health and Developmental Services. (See listing of services types on previous page.)

Service Director: _____

Phone: () _____ **E-mail:** _____

Client Demographics (check all that apply):

☐ Male ☐ Female ☐ Child ☐ Adolescent (Min. & Max. Age Range) _____

Accreditation/Certification by: _____

LOCATION

6. Location Name: _____ **# of beds:** _____

Address: _____

City: _____ **County** _____ **State:** _____ **Zip:** _____

Location Manager: _____ **Phone:**() _____ **E-mail:** _____

Directions: _____

7. NAME AND ADDRESS OF OWNER OF PHYSICAL PLANT

Name	
Address	

8. RECORDS: IDENTIFY THE LOCATION OF THE FOLLOWING RECORDS

Financial Records	Address: _____ City: _____ County _____ State: _____ Zip: _____
Personnel Records	Address: _____ City: _____ County _____ State: _____ Zip: _____
Residents' Records	Address: _____ City: _____ County _____ State: _____ Zip: _____

<u>REQUIRED ATTACHMENTS</u>	<i>Children's Residential Service Reg</i>	<i>All Other Services Reg.</i>
1. <input type="checkbox"/> This completed Application	§ 12 VAC 35-46-20 D 1	§ 12 VAC 35-105-40
2. <input type="checkbox"/> Resumes of all Identified Staff	§ 12 VAC 35-46-270 B 1	§ 12 VAC 35-105-420 A
3. <input type="checkbox"/> Working Budget (appropriated revenues and projected expenses for one year)	§ 12 VAC 35-46-20 D 1	§ 12 VAC 35-105-40
4. Position Descriptions	§ 12 VAC 35-46-20 D 1; § 12 VAC 35-46-280; § 12 VAC 35-46-340 & § 12 VAC 35-46-350	§ 12 VAC 35-105-40 & § 12 VAC 35-105-410 A
5. Complete Service Description (including philosophy and objectives of the organization, comprehensive description of population to be served, and services to be offered, brochures, pamphlets distributed to the public, etc)	§ 12 VAC 35-46-20 B [1-5] § 12 VAC 35-46-180 C	§ 12 VAC 35-105-580 C
6. Evidence of Financial Resources to Operate the Budget for Ninety Days (an ongoing basis)	§ 12 VAC 35-46-20 D 1	§ 12 VAC 35-105-40
7. A copy of the Organizational Structure	§ 12 VAC 35-46-180	§ 12 VAC 35-105-190 B
8. Certificate of Occupancy (except home-based services)	§ 12 VAC 35-46-20 D 1 § 12 VAC 35-46-420 A	§ 12 VAC 35-105-260
9. Evidence of authority to conduct Business in Virginia,	§ 12 VAC 35-46-20 D 1	§ 12 VAC 35-105-40 A 3
10. Staffing schedule & written staffing plan (list of staff members with designated positions, qualifications, etc.)	§ 12 VAC 35-46-20 D 1 § 12 VAC 35-46-320	§ 12 VAC 35-105-590
<i>And for residential services:</i>		
11. Copy of the Building floor plan, with dimensions	§ 12 VAC 35-46-20 D 1	§ 12 VAC 35-105-40 B 5
12. Current Health Inspection	§ 12 VAC 35-46-420 B	§ 12 VAC 35-105-290
13. <input type="checkbox"/> Fire Inspection	§ 12 VAC 35-46-420 D [1-4]	§ 12 VAC 35-105-320
Children's Residential Service Only		
14. <input type="checkbox"/> Articles of Incorporation, By- laws, & Certificate of Incorporation	§ 12 VAC 35-46-20 D 1	Facility operated by a <u>VA</u> corporation
15. <input type="checkbox"/> Articles of Incorporation, By- laws, & Certificate of Authority	§ 12 VAC 35-46-20 D 1	Facility operated by a <u>out of state</u> corporation
16. <input type="checkbox"/> Listing of board members, the Executive Committee, or public agency all members of legally accountable governing body	§ 12 VAC 35-46-20-170	Facilities with a Governing Board
17. References for three officers of the Board including President, Secretary and Member-at-Large	§ 12 VAC 35-46-20 D 1	Facility operated by Corp., an unincorporated Organization, or an Association

Current/Past Provider Services

Please identify:

- 1) the legal names and dates of any services licensed in Virginia or other states that the applicant currently holds or has held,
- 2) previous sanctions or negative actions against any licensed to provide services that the holds or has held in any other state or in Virginia, and
- 3) the names and dates of any disciplinary actions involving the applicant's current or past licensed services. In none, please indicate, "NONE" in the space below.

Current Services: _____

Past Services: _____

Sanctions/Negative Actions/Disciplinary Actions: _____

Certificate of Application

This certificate is to be read and signed by the applicant. The person signing below must be the individual applicant in the case of a proprietorship or partnership, or the chairperson or equivalent officer in the case of a corporation or other association, or the person charged with the administration of the service provided by the appointing authority in the case of a governmental agency.

I am in receipt of and have read the applicable rules and regulations for licensing. It is my intent to comply with the statutes and regulations and to remain in compliance if licensed.

I grant permission to authorized agents of the Department of Behavioral Health and Developmental Services to make necessary investigations into this application or complaints received.

I understand that unannounced visits will be made to determine continued compliance with regulations.

**TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL INFORMATION CONTAINED HEREIN IS CORRECT AND COMPLETE.
I FURTHER DECLARE MY AUTHORITY AND RESPONSIBILITY TO MAKE THIS APPLICATION.**

Signature of Applicant: _____ Title: _____ Date: _____

If you have any questions concerning the application, please contact this office at (804) 786-1747. Please return the completed application to:

**Office of Licensing
Department of Behavioral Health and Developmental Services
Post Office Box 1797
Richmond, Virginia 23218-1797**

**Direct Care Staff in Intellectual Disability (ID) and
Developmental Disability (DD) Services**

Knowledge, Skills and Abilities

Knowledge of the some characteristics and concepts of intellectual disabilities, mental health, health disorders and related physical conditions, treatment approaches, and interventions for children, adolescents and adults.

Knowledge of simple nursing care, first-aid, behavior management, personal and hygiene.

Ability to implement and follow the policies and procedures of the department, facility or service entity.

Ability to engage or assist in the person-centered care, training and rehabilitation of clients with physical, intellectual or mentally health disabilities.

Ability to provide basic person-centered self-care, personal care and hygiene.

Ability to perform or assist with established person-centered training, care and programmatic activities.

Ability to teach or assist clients with eating, bathing, dressing, grooming and other self-care skills.

Ability to participate with professional staff in the design and implementation of training and programmatic activities.

Ability to observe the rights and personal dignity of others.

Ability to observe, record and report clients' behavior, attitude and physical condition.

Ability to perform simple math and communicate effectively, both orally and written.

Ability to maintain effective working relationships with clients and other employees.

Ability to maintain healthy and safe environments clients and other employees

Minimum Qualifications Training:

Education equivalent to graduation from high school.

Experience:

One year of full-time or equivalent part-time paid or volunteer experience in the care, training, habilitation and development of the intellectually disabled, developmentally disabled, physically challenged or mentally ill children.

DIRECT SUPPORT PROFESSIONAL TRAINING THROUGH THE COLLEGE OF DIRECT SUPPORT

Virginia Department of Behavioral Health and Developmental Services , Virginia Department of Business Assistance and System Stakeholders Partner for Increased Direct Support Professional Training through the College of Direct Support

The Virginia Department of Behavioral Health and Developmental Services , the Virginia Department of Business Assistance and System Stakeholders are partnering to kick-off a six-month interactive, web-based training program for direct support professionals working for community services boards, state training centers and private providers. This six-month demonstration program will provide on-line courses through the College of Direct Support, a nationally recognized, validated training program designed to enhance the knowledge and skills of direct service professionals.

A number of providers from across Virginia will participate in this demonstration program, including: Community-Based Services, Inc; NHS Mid-Atlantic, Inc.; Lumzy's Residential Services; Richmond Residential Services, Inc.; Dan-Poe-Dil, Inc.; Association for Retarded Citizens, Petersburg Area, Inc.; Virginia Baptist Children's Home & Family Services, Inc; SOC Enterprises; ServiceSource; Chesterfield Community Services Board; Henrico Area MH&R Services; Rappahannock Area Community Services Board; Region Ten Community Services Board; Valley Community Services Board; Southside Virginia Training Center; and Northern Virginia Training Center. With the assistance of the Virginia Department of Business Assistance, private providers across Virginia are afforded the opportunity to participate in this valuable program.

The College of Direct Support demonstration program offers participants an array of training modules designed to deepen and enhance the important roles of caregivers, teachers, mentors, counselors, community connectors, and friends in the lives of the people with developmental disabilities. Eleven modules, or fifty-six lessons, will be made available to employees of participating organizations. Courses will cover such topics as Developmental Disabilities, Positive Behavior Supports and Individual Rights and Choice. Over the next six months, the partnership will evaluate the feasibility of implementing this distance education learning tool on a statewide basis.

More information on the College of Direct Support can be found at www.collegeofdirectsupport.com or by contacting India Sue Ridout, Workforce Development Manager at DBHDS, at 804-786-4089 or india.ridout@co.DBHDS.virginia.gov.

OFFICE OF LICENSING
DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

STAFF INFORMATION SHEET

NAME OF SERVICE: _____ **DATE:** _____

LOCATION: _____

Position (use * to denote position vacancy)	Name	Staff Member Education Level and Credentials	Service Assigned	SCHEDULED HOURS						
				MON	TUES	WED	THURS	FRI	SAT	SUN

Use @ to indicate staff having current certification in First Aid. Use # to indicate staff who have received a certificate in Cardiopulmonary Resuscitation (CPR).

DBHDS REGULATION OF CHILDREN'S RESIDENTIAL FACILITIES

ANNUAL OPERATING STATEMENT & WORKING BUDGET

INTRODUCTION

The Annual Operating Statement and Working Budget provide financial information regarding actual and anticipated revenue and actual and anticipated expenses. Actual revenue and expenses reflect the revenue received and costs incurred for the most recent complete year of facility operations. Anticipated revenue and expenses reflect the expected revenue and expenses for the next year of operations and constitute the working budget for the facility. This form is of primary importance in providing selected information needed to determine financial responsibility as required by the Regulations. The instructions for completing the form which follow describe the information to be recorded for each item.

INSTRUCTIONS FOR COMPLETING THE FORM

ACTUAL AND ANTICIPATED REVENUE: This section should reflect the actual and anticipated annual income available to operate the facility. It should not reflect the actual and anticipated annual income of the applicant(s) unless this income was or will be used to operate the facility. Anticipated amounts should be as accurate as possible and supported by confirming documentation to the maximum extent feasible. Actual amounts should be supported by confirming documentation.

1. **Fees for Children in Residential Care:** The actual and anticipated revenue which was or will be received each year as fees or payments for care should be entered here. Anticipated values should be based on the rate per child to be charged by the facility and the number of children that will actually be in care during the next year of operation. This may be estimated to be less than the licensed capacity which is being requested on the application and, if so, should be used rather than licensed capacity in determining the anticipated revenue to be received.
2. **Fees for Other Clients/Services:** The actual anticipated revenue which was and will be received each year as fees or payments for care or services provided to children other than those in residential (24 hour) care.**ederal Funds:** The revenue which was and will be received each year from Federal agencies.
3. **State Funds:** The revenue which was and will be received each year from State agencies.
4. **Local Funds:** The revenue which was and will be received each year from localities.
5. **Income from Investments:** Annual income to support facility operation which was and will be provided by any existing investments.
6. **Endowment/Trust Funds(s) Renenue** which was or is to be received for the entire year from any endowments or trust funds which currently exist and provided or would provide income to be used to support facility operations.
7. **Donations/Solicitations:** Income received or estimated to be received from such sources as religious or fraternal organizations, United Way funds, fund drives and solicitations, or any other fundraising activity used to support facility operations.
8. **Other (Specify):** Annual income received or estimated to be received from any other source(s) which will be used to operate the facility. Specify each source and the amount.

ACTUAL AND ANTICIPATED EXPENSES: This includes actual and anticipated annual expenses of service operation. It is the total of all expense items shown below. Three major categories of expenses are shown. The explanations of the sub-headings are intended to assist the applicant in understanding the number and types of financial considerations which may be involved in facility operation, and to assist the Department in evaluating the facility's application.

1. ADMINISTRATION

- a. **Office Supplies and & Equipment:** Actual and estimated annual cost of expendable and non- expendable items used for administrative purposes. (e.g. pens, pencils m, paper).
- b. **Depreciation: Building:** Total annual amount and estimate of depreciation on all buildings owned and utilized by the facility to support the administration of the facility (e.g. buildings that house administrative office) Annual Operating Statement & Working Budget Instructions
- c. **Depreciation: Equipment:** Total annual amount and estimate of depreciation on all capital equipment owned and used in support of administrative operations (e.g. desks, chairs, computers, etc used in administrative offices).
- d. **Insurance:**
 - (1) **Liability (Premises and Operations):** Total annual cost of liability insurance covering the premises and operation as required by '130.A.
 - (2) **Liability (Vehicles):** Total annual cost of liability insurance covering all of the vehicles used in support of System's Operations.
 - (3) **Other:** Total annual cost of other types of insurance (*e.g. fire insurance*). NOTE: Health Care, Group Life, and other insurance benefiting employees should be shown under Salaries, Wages & Benefits@ below and **not** this item.
- e. **Interest:** Total amount of interest payments paid during the past year and due within the next year on outstanding loans or other debts.
- f. **Taxes:** Annual amount of all taxes which were paid last year and must be paid this year by the facility. This would include VEC taxes and Federal Unemployment Taxes which must be paid on employees' salaries and wages as well as business license taxes, property taxes, real estate taxes (if not included as part of the mortgage payment under Item 3, below). NOTE: The Employer's FICA (Social Security) taxes should be shown under Item 2, b, below and **not** in this item. Specify each tax on a separate line under the entry taxes.

2. SALARIES, WAGES & BENEFITS:

- a. **Salaries & Wages:** All salaries and wages paid during the last year and to be paid by the facility to its employees; and, if the facility is a corporation or association, to its Board of Directors or chief administrative officer; for salaries or expenses, trainers, social workers and other professional staff persons; secretaries, clerks and assistants; maintenance workers; and grounds keepers, janitors and any others who are regular employees of the facility.
- b. **FICA (Social Security):** Enter the total annual FICA (Social Security) tax, (including both OASDI and Medicare) to be paid by the facility for all employees.
- c. **Health Care Insurance:** Total amount of annual premiums paid by the facility for health care insurance for employees when the cost of all or part of such insurance is provided by the facility. Do not include portions paid by employees.
- d. **Group Life Insurance:** Total amount of annual premiums paid by the facility for employee group life insurance when the cost of all or part of such insurance is provided by the facility.

- e. **Employer Retirement Contribution:** Total annual contribution made by the facility to the retirement fund(s) of employees.
- f. **Other Benefits (Specify):** On an item by item basis, the cost(s) of any additional benefits provided by the facility to employees.

3. **OPERATIONS:**

- a. **Food:** Actual and anticipated annual cost of food to be used in the facility. It includes the food required for three meals each day, and the cost of any snacks which are provided. *(Do not include the cost of food provided at no cost to staff who are required to eat with residents. These costs are reported under Item 3m: Other.)*
- b. **Rent or Mortgage Payments:** Payments for buildings/property of the facility (e.g. office building, living units); amount shown should be the total annual expense.
- c. **Utilities:** Total of payments made or to be made by the facility for electricity, water, fuel oil, gas (for heating), sewage and refuse services, telephone and similar services.
- d. **Maintenance & Repairs:** Annual cost of all items used to maintain and carry out necessary repairs on the facility. This would include such items as paint, lumber, nails, roofing materials, grass seed.
- e. **Equipment and Supplies:** Total actual and projected annual cost of equipment, which is not to be depreciated, and expendable supplies which were and will be used to support facility operation in areas other than the administrative offices. Equipment rental costs should be included here.
- f. **Depreciation: Buildings:** Total actual costs and annual estimate of depreciation on all buildings owned and utilized by the facility to support operation other than administration (e.g. classrooms, residential cottages).
- g. **Depreciation: Equipment:** Total actual costs and annual estimate of depreciation on all capital equipment owned and used by the facility in support of operation other than administration (e.g. food service equipment, furniture in residential cottages, classroom equipment, vehicles.)
- h. **Motor Vehicles:** All expenses related to the maintenance and operation of cars, vans, trucks, etc, owned by the facility and used in support of the operation of the facility.
- i. **Laundry and Linens:** Cost of soap, detergents, etc., required for the laundry of table linens, bed linens, etc., used by the facility and the cost for outside laundry services.
- j. **Staff Travel:** Actual travel expenses for last year and total projected travel expense for staff which will be incurred in support of facility operations and the program offered by the facility. This includes transportation costs, the cost for food and the cost for lodging if overnight travel is required.
- k. **Staff Training:** Actual and projected annual costs of formal training for facility staff which will be paid for or reimbursed by the facility.
- l. **Contractual Services:** Actual and projected annual cost for any services provided to the facility under contract to support the program offered or facility operation. List each contractual service separately.
- m. **Other (Specify):** Annual cost of all other expenses not included in other items. Specify each item of expense included here and the expense amount (e.g. the estimated cost of meals provided at no cost to staff who are required to eat with residents would be entered here).

ANNUAL OPERATION STATEMENT & WORKING BUDGET

Name of Facility: _____

Date: _____

REVENUE (ACTUAL & ANTICIPATED)

	Actual This Year Date: ____ to ____	Anticipated Next Year Date: ____ to ____
1. Fees for Children in Care	\$ _____	\$ _____
2. Fees for Other Clients/Services	\$ _____	\$ _____
3. Federal Funds	\$ _____	\$ _____
4. State Funds	\$ _____	\$ _____
5. Local Funds	\$ _____	\$ _____
6. Income from Investments	\$ _____	\$ _____
7. Endowments/Trust Fund(s)	\$ _____	\$ _____
8. Donations/Solicitations	\$ _____	\$ _____
9. Other	\$ _____	\$ _____
TOTAL REVENUE	\$ _____	\$ _____

EXPENSES (ACTUAL & ANTICIPATED)

Actual This Year
Date: _____ to _____

Anticipated Next Year
Date: _____ to _____

1. ADMINISTRATION:

a. Office Supplies & Equipment	\$ _____	\$ _____
b. Depreciaton: Building	\$ _____	\$ _____
c. Depreciation: Equipment	\$ _____	\$ _____
d. Insurance	\$ _____	\$ _____
(1) Liability Premises/Operations	\$ _____	\$ _____
(2) Liability (Vehicles)	\$ _____	\$ _____
(3) Other (Specify by type)	\$ _____	\$ _____
e. Interest	\$ _____	\$ _____
f. Taxes (Specify by type)	\$ _____	\$ _____

TOTAL ADMINISTRATION EXPENSES

2. SALARIES, WAGES & BENEFITS

a. Salaries and Wages	\$ _____	\$ _____
b. FICA (Social Security)	\$ _____	\$ _____
c. Health Care Insurance	\$ _____	\$ _____
d. Group Life Insurance	\$ _____	\$ _____
e. Employer Retirement Contributions	\$ _____	\$ _____
f. Other Benefits (specify)		

TOTAL SALARIES, WAGES AND BENEFITS EXPENSES

\$ _____

\$ _____

3. OPERATIONS

a. Food	\$ _____	\$ _____
b. Rent/Mortgage Payments	\$ _____	\$ _____
c. Utilities	\$ _____	\$ _____
d. Maintenance & Repairs	\$ _____	\$ _____
e. Equipment & Supplies	\$ _____	\$ _____
f. Depreciation: Buildings	\$ _____	\$ _____
g. Depreciation: Equipment	\$ _____	\$ _____
h. Motor Vehicle	\$ _____	\$ _____
i. Laundry and Linen	\$ _____	\$ _____
j. Staff Travel	\$ _____	\$ _____
k. Staff Training	\$ _____	\$ _____
l. Contractual Services (specify)	\$ _____	\$ _____
m. Other (specify)	\$ _____	\$ _____

TOTAL OPERATION EXPENSES	\$ _____	\$ _____
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TOTAL EXPENSES	\$ _____	\$ _____
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AVERAGE NUMBER OF CHILDREN IN CARE THIS YEAR: _____

ANTICIPATED NUMBER OF CHILDREN IN CARE NEXT YEAR: _____

DBHDS REGULATION OF CHILDREN'S RESIDENTIAL SERVICE INSTRUCTIONS FOR COMPLETING THE BALANCE SHEET FOR

PRIVATE SECTOR FACILITIES

INTRODUCTION:

The purpose of a balance sheet is to show the financial condition of a business on a specific date. A Balance sheet consists of a listing of the assets and liabilities of a business and the owner's equity. Assets are further classified as current assets and plant and equipment. Liabilities are further classified as current and long term liabilities. This form is important in providing information needed to determine financial responsibility as required by the Regulations.

INSTRUCTIONS FOR COMPLETING THE FORM

ASSETS

CURRENT ASSETS: For each category, enter the assets which quickly can be converted to cash and which are reserved to meet immediate expenses of operating the facility.

Cash: Include currency, cash in checking accounts, and cash in savings accounts. The amount shown must be available now to operate the facility.

Monetary Investments: Include Certificates of Deposit, Savings Bonds, Treasury Bills, and other investments which quickly can be converted to cash. They currently must be owned by the applicant and identified for immediate use in operating expenses of the facility.

Negotiable Securities: Include stocks, corporate bonds, etc., which are owned by the applicant and are identified for use, if necessary, in operating the facility.

Accounts Receivable: Include monies owed to the applicant which are due within one year and would be used, if necessary, when received to fund operation of the facility.

Notes Receivable: Include promissory notes held by the applicant which are due within one year of the date of application and whose proceeds would be used, if necessary, to fund operation of the facility.

Other Current Assets: Include any other assets which quickly could be converted to cash within the operating year and used, if necessary, to fund operation of the facility.

LIABILITIES

CURRENT LIABILITIES: For each category, enter all liabilities which must be paid within the next 12 months.

Accounts Payable: Include the sum of the total unpaid salaries and payment of all unpaid bills and financial obligations which fall due within the next 12 months with the exception of mortgage payments and installment loans. Examples include utility bills, unpaid salaries/wages to current employees, charge accounts, and credit cards.

Notes Payable: Include all payments which must be made within the next 12 months on existing contracts, mortgages and installment loans.

Other: Include any other existing obligations which are due during the next 12 months. Include payments of obligations which are in arrears such as income taxes, property taxes, insurance, interest payable, etc. Itemize each item separately.

LONG TERM LIABILITIES: For each category, enter the liabilities which are due more than one year from the date of the Balance sheet.

Mortgage(s) Payable: Include the total amount necessary to liquidate any mortgage(s) on the facility less the amount reflected as part of mortgage(s) payable as current liabilities.

Notes Payable: Include the total amount necessary to liquidate all outstanding contracts, installment loans or promissory notes less the amount reflected as part of the notes payable amount reported as a current liability.

Other: Include all other long term liabilities which are owed and were incurred to support facility operations. List each item separately.

DBHDS REGULATION OF CHILDREN'S RESIDENTIAL SERVICE

BALANCE SHEET FOR PRIVATE
SECTOR FACILITIES

DATE: _____

NAME OF FACILITY _____

ASSETS

CURRENT ASSETS

Cash \$ _____

Monetary Investments \$ _____

Negotiable securities \$ _____

Accounts Receivable \$ _____

Notes receivable \$ _____

Other (specify) \$ _____

Other (specify) \$ _____

Other (specify)

TOTAL CURRENT ASSETS \$ _____

PLANT & EQUIPMENT ASSETS

Notes Receivable \$ _____

Land (Purchase Price) \$ _____

BuildingS (Purchase Price) \$ _____

Furniture, Fixtures, and Office
Equipment (Purchase Price) \$ _____

Less: Accumulated Depreciation \$ _____
Current Value \$ _____

Vehicles (Purchase Prices) \$ _____

Less: Accumulated Depreciation \$ _____
Current Value \$ _____

Other (Specify) \$ _____

Other (Specify) \$ _____

Other (Specify) \$ _____

TOTAL PLANT & EQUIPMENT \$ _____

TOTAL ASSETS

TOTAL CURRENT ASSETS \$ _____

TOTAL PLANT & EQUIPMENT \$ _____

TOTAL ASSETS \$ _____

LIABILITIES

CURRENT LIABILITIES

Accounts Payable \$ _____

Notes Payable \$ _____

Other (Specify) \$ _____

Other (Specify) \$ _____

TOTAL CURRENT LIABILITIES \$ _____

LONG TERM LIABILITIES

Mortgage(s) Payable \$ _____

Notes Payable \$ _____

Other (Specify) \$ _____

Other (Specify) \$ _____

TOTAL LONG TERM LIABILITIES \$ _____

TOTAL LIABILITIES

TOTAL CURRENT LIABILITIES \$ _____

TOTAL LONG TERM LIABILITIES \$ _____

TOTAL LIABILITIES \$ _____

OWNER'S EQUITY

Owner's Capital \$ _____

TOTAL LIABILITIES AND OWNER'S EQUITY \$ _____

**DBHDS REGULATION OF
CHILDREN'S RESIDENTIAL SERVICE**

REFERENCE SHEET FOR EACH OWNER/OPERATOR

INSTRUCTIONS: List the names and addresses of two persons unrelated to each owner/operator who can attest to the owner's/operator's character and reputation, the name and address of the owner's/operator's banking institution, and present and past employer(s), if any, with the last five years.

NAME OF OWNER/OPERATOR: _____

ROLE/POSITION: _____

<u>NAMES</u>	<u>ADDRESSES</u>
Personal References	
Bank References	
Present or Past Employer(s)	

SITING OF CHILDREN'S RESIDENTIAL FACILITIES

You will need to determine where to locate the facility before the application can be submitted. Here are some important issues to consider in determining the location of the facility:

SAFE ENVIRONMENT

- Are there hazards near the building or house you intend to use? For example, dangerous traffic patterns, high crime statistics, inappropriate influences (gang activity, drug activity, a sex offender living nearby, etc. - to check the sex offender registry click on: <http://sex-offender.vsp.virginia.gov/sor/index.htm>.)
- Does the building meet the needs of the population you want to serve? For example, is the floor plan easily navigated by individuals with cognitive limitations (e.g. intellectual disability, autism, etc.) and permanent or temporary physical challenges (e.g. pregnancy, ambulatory issues, etc.)

RESOURCE AVAILABILITY

- Recreation Areas
- Schools
- Mental Health, Intellectual Disability, and Substance Abuse Services
- Medical Facilities/Offices
- Transportation
- Emergency Services
- Job Opportunities
- Libraries

ADEQUATE PARKING FOR STAFF AND VISITORS

MAINTENANCE ISSUES

- Do you have the resources to keep the building in good repair?
- Can you keep the yard mowed and free of debris?
- Can you keep the driveway clear of snow and ice?

Residential Environment

The Standards require that a certificate of occupancy be attached to the initial application for licensure. The locality where you wish to locate your facility, not the Department, makes the decision whether or not to issue a certificate of occupancy. Each locality has its own procedures and rules for issuing the certificates. Research may be needed to determine what information is required in the locality where you want to locate. The locality should be made aware that your intent is to operate a children's residential facility.

Wherever you locate your facility, it is important to be a good neighbor. Good neighbor policies and procedures will need to be developed and staff will need to be trained on these policies and procedures.

LICENSING POLICIES AND PROCEDURES & REQUIRED FORMS
VA Department of Behavioral & Developmental Services
Office of Licensing
Standards for Children's Residential Facilities

Provider Name:			Date of Review:			
CEO:			Specialist:			
Standard	Definition		Review Date	Review Date	Review Date	
12 VAC 35-46-180.A	Responsibilities of the Provider	The provider shall appoint a qualified CAO to whom it delegates in writing, the authority and responsibility for administrative direction of the facility.				
12 VAC 35-46-180.B		The provider shall develop and implement a written decision making plan that shall provide for a staff person with qualifications of the CAO or Program Director to assume temporary responsibility for operation of the facility. Each plan shall include an organizational chart.				
12 VAC 35-46-180.C		Written statement of the philosophy and the objectives of the facility including a description of the target population and the program to be offered				
12 VAC 35-46-180.D		The provider shall develop and implement written policies and procedures to monitor and evaluate service quality and effectiveness on an ongoing basis				
12 VAC 35-46-190.A.1	Fiscal Accountability	An operating statement showing revenue and expenses for the fiscal year just ended;				
12 VAC 35-46-190.A.2		A working budget showing projected revenue and expenses for the next fiscal year that gives evidence that there are sufficient funds to operate				
12 VAC 35-46-190.A.3		A balance sheet showing assets and liabilities for the fiscal year just ended.				
12 VAC 35-46-190.B		A system of financial record keeping that shows a separation of the facility's accounts from all other records				
12 VAC 35-46-190.C.		The provider shall develop and implement written policies and procedures that address the day to day handling of the facilities funds to include:				
12 VAC 35-46-190.C.1		Handling of deposits				
12 VAC 35-46-190.C.2		Writing of checks				
12 VAC 35-46-190.C.3		Handling of petty cash				
12 VAC 35-46-200.A	Insurance	Liability Insurance				
12 VAC 35-46-200.B		Vehicular Insurance				
12 VAC 35-46-200.C		Theft of Resident Funds				
12 VAC 35-46-220	Weapons policy	The provider shall develop and implement written policies and procedures governing the possession and use of firearms, pellet guns, air rifles, and other weapons on the facility's premises the policy shall provide that no firearms, pellet guns, air rifles, or other weapons shall be permitted on the premises unless the weapons are:				
12 VAC 35-46-220.1		In the possession of licensed security personnel,				
12 VAC 35-46-220.2		Kept securely under lock and key, or				
12 VAC 35-46-220.3		Used by a resident with the legal guardian's permission under the supervision of a responsible adult in accord with policies and procedures developed by the facility for the weapons' lawful and safe use				
12 VAC 35-46—280.A	Job Descriptions	There shall be a written job description for each position that at a minimum includes the:				
12 VAC 35-46—28A.1		Job title				
12 VAC 35-46—280A.2		Duties and responsibilities				
12 VAC 35-46—280A.3		Job title of the immediate supervisor				

12 VAC 35-46—280A.4		Minimum knowledge skills and abilities required for entry level				
12 VAC 35-46—280B		A copy of the job description shall be given to each person assigned to a position at the time of employment or assignment				
12 VAC 35-46-340.	Chief Executive Officer	The CAO shall have the following responsibilities:				
12 VAC 35-46-340.A.1		Compliance with Interdepartmental and other applicable regulations				
12 VAC 35-46-340.A.2		Responsibility for all personnel				
12 VAC 35-46-340.A.3		Responsibility for overseeing the facilities operation in its entirety, including the approval and design of the structured program of care and its implementation				
12 VAC 35-46-340.A.4		Responsibility for the facilities financial integrity				
12 VAC 35-46-340.B	Qualifications	A CAO appointed after December 28, 2007 shall have at least:				
12 VAC 35-46-340.B.1		A master's degree in social work, psychology, counseling, nursing or administration and a combination of two years of professional experience working with children and in administration and supervision				
12 VAC 35-46-340.B.2		Baccalaureate degree in social work, psychology counseling, nursing or administration and five years full time paid work experience, and three of professional experience working with children and in administration and supervision				
12 VAC 35-46-340.B.3		Baccalaureate degree and a combination of four years professional work experience in a children's residential facility and in administration and supervision				
12 VAC 35-46-340.C		Any applicant for the CAO position must submit the following to demonstrate compliance with these qualifications:				
12 VAC 35-46-340.C.1		Official transcripts from the accredited college or University of attendance within 30 days of date of hire				
12 VAC 35-46-340.C.2		Documentation of prior relevant experience				
12 VAC 35-46-350.A	Program Director	The facilities programs shall be directed by one or more qualified persons				
12 VAC 35-46-350		Persons directing programs shall be responsible for the development and implementation of the programs and services offered by the facility, including overseeing assessments, service planning, staff scheduling and supervision				
12 VAC 35-46-350.B		In facilities with 13 or more residents, Program Director is full time				
12 VAC 35-46-350.D	Qualifications	A person appointed after December 28, 2007 to direct programs shall have at least:				
12 VAC 35-46-350.D.1		Master's degree in social work, psychology, counseling , or nursing, and a combination of two years professional experience, in a residential facility for children, and in administration or supervision				
12 VAC 35-46-350.D.2		Baccalaureate degree in social work, psychology, or nursing, and a combination of three years professional experience, in a residential facility for children, and in administration or supervision				
12 VAC 35-46-350.D.3		Baccalaureate degree and a combination of four years professional experience, in a residential facility for children, and in administration or supervision				
12 VAC 35-46-350.D.4		A license or certificate issued by the Commonwealth of Virginia as a drug or alcoholism counselor if the facilities purpose is to treat substance abuse				
12 VAC 35-46-350.E		Any applicant for the program director position shall submit the following to demonstrate compliance with these qualifications:				
12 VAC 35-46-350.E.1		Official transcripts from the accredited college or University of attendance within 30 days of date of hire				
12 VAC 35-46-350.E.2		Documentation of prior relevant experience				
12 VAC 35-46-360.A	Case Manager	Case managers shall have the responsibility for:				
12 VAC 35-46-360.A.1		Coordination of all services offered to each resident				
12 VAC 35-46-360.A.2		Provision of case management services as required by 12 VAC 35-46-760.A				
12 VAC 35-46-360.B	Qualifications	Case Managers shall have:				
12 VAC 35-46-360.B.1		A master's degree in social work, psychology or counseling				

12 VAC 35-46-360.B.2		A b99accalaureate degree in social work, psychology or counseling with documented field work experience and must be supervised by the program director or other qualified staff employed by the provider with the same qualifications as required by 12 VAC 35-46-350.D				
12 VAC 35-46-360.B.3		A baccalaureate degree and three years of professional experience working with children				
12 VAC 35-46-370A	Child Care Supervisor	Child Care Supervisors shall have responsibility for the:				
12 VAC 35-46-370A.1		Development of the daily living program within each unit				
12 VAC 35-46-370A.2		Orientation, training and supervision of direct care workers				
12 VAC 35-46-370B	Qualifications	Child Care supervisors shall have:				
12 VAC 35-46-370B.1		A baccalaureate degree in social work, or psychology and two years of professional experience working with children, one of which must have been in a residential facility for children				
12 VAC 35-46-370B.2		A high school diploma or GED and a minimum of five years professional experience working with children with at least two years in a residential facility for children, or				
12 VAC 35-46-370B.3		A combination of education and experience working with children as approved b the lead regulatory authority				
12 VAC 35-46-380.A	Child Care Staff	The child care worker shall have the responsibility for guidance and supervision of the children to whom they are assigned including:				
12 VAC 35-46-380.A.1		Overseeing physical care				
12 VAC 35-46-380.A.2		Development of acceptable habits and attitudes				
12 VAC 35-46-380.A.3		Management of resident behavior				
12 VAC 35-46-380.A.4		Helping to meet the goals and objectives of any required service plan				
12 VAC 35-46-380.B	Qualifications	A child care worker and relief staff shall				
12 VAC 35-46-380.B.1		Have a baccalaureate degree in human services				
12 VAC 35-46-380.B.2		Have an associates degree and three months experience working with children				
12 VAC 35-46-380.B.3		Be a high school graduate or have a GED and have six months of experience working with children				
12 VAC 35-46-380.C		Child care staff with a high school diploma or GED with no experience working with children many not work alone, but may be employed as long as they are directly working with the CAO, program director, case manager, child care supervisor or a child care worker with one or more years of experience working with children				
12 VAC 35-46-380.D		An individual hired, promoted demoted or transferred to a child care worker's position must be 21 years old after December 28, 2007				
12 VAC 35-46-790	Therapy	Therapy, if provided, shall be provided by an individual (i) licensed as a therapist by the Department of Health Professions or (ii) who is license eligible and working under the supervision of a licensed therapist, unless exempted by these requirements by the Code of Virginia				
12 VAC 35-46-290.A	Personnel policies	The provider shall have and implement written personnel policies which are readily accessible to staff				
12 VAC 35-46-290.B		The provider shall develop and implement written policies and procedures to assure that persons employed in or designated to assume the responsibilities of each position possess the education, experience, knowledge, skills and abilities specified in the job description for the position				
12 VAC 35-46-310	Staff Development Policies	Required initial training				
12 VAC 35-46-310.A.1	Within 7 days following their begin date	Orientation to behavior intervention regarding less restrictive measures, timeout and restraint				
12 VAC 35-46-310.A.2.a	Within 14 days following their	Emergency preparedness and response training to include: alerting emergency personnel and sounding alarms				

	begin date					
12 VAC 35-46-310.A.2.b		Implementing evacuation procedures				
12 VAC 35-46-310.A.2.c		Using & maintaining emergency equipment				
12 VAC 35-46-310.A.2.d		Accessing emergency medical information				
12 VAC 35-46-310.A.2.e		Utilizing community support services				
12 VAC 35-46-310.A.3.a		Orientation and training to include: objectives of the facility				
12 VAC 35-46-310.A.3.b		Practices of confidentiality				
12 VAC 35-46-310.A.3.c		Decision making plan				
12 VAC 35-46-310.A.3.d		Regulations				
12 VAC 35-46-310.A.3.e		Other policies applicable to their position				
12 VAC 35-46-310.A.4	Within 30 days of their begin date	Enrolled in First Aid & CPR				
12 VAC 35-46-310.A.5		Trained in abuse & neglect & mandatory reporting & maintaining appropriate interaction with staff & residents & suicide prevention				
12 VAC 35-46-310.A.6		Trained in Universal Precautions				
12 VAC 35-46-310.A.7		Trained in Good Neighbor & community relations policies				
12 VAC 35-46-310.A.8	Prior to Administering medications	All staff will successfully complete medication administration program				
12 VAC 35-46-310.A.9		Trained in quality improvement plan				
12 VAC 35-46-310.B.1.a	Required annual retraining	Emergency preparedness and response training to include: alerting emergency personnel and sounding alarms				
12 VAC 35-46-310.B.1.b		Implementing evacuation procedures				
12 VAC 35-46-310.B.1.c		Using & maintaining emergency equipment				
12 VAC 35-46-310.B.1.d		Accessing emergency medical information				
12 VAC 35-46-310.B.1.e		Utilizing community support services				
12 VAC 35-46-310.B.2		Annual retraining in medication administration				
12 VAC 35-46-310.B.3		Annual retraining in behavior intervention				
12 VAC 35-46-310.B.4		Annual retraining in abuse & neglect & mandatory reporting & maintaining appropriate interaction with staff & residents & suicide prevention				
12 VAC 35-46-310.B.5		Annual retraining in Universal Precautions				
12 VAC 35-46-320	Staff supervision	The provider shall develop and implement written policies and procedures regarding the supervision of staff, volunteers, contractors and students/interns. These policies shall include:				
12 VAC 35-46-320.1		Type of supervision				
12 VAC 35-46-320.2		Frequency of supervision				
12 VAC 35-46-320.3		How supervision will be documented				
12 VAC 35-46-390	Relief staff	Qualified relief staff shall be employed as necessary to meet the needs of the programs and services and to maintain a structured program of care				
12 VAC 35-46-400.A	Volunteers and students/interns	A facility that uses volunteers or students/interns shall develop and implement written policies and procedures governing their selection and use				
12 VAC 35-46-400.B		The facility shall not be dependent upon volunteers and students/interns to provide basic services				
12 VAC 35-46-400.C		Responsibilities of volunteers students/interns shall be clearly defined in writing				
12 VAC 35-46-400.D		Volunteers and students/interns shall have qualifications appropriate to the services they render				
12 VAC 35-46-640A	Admission	Criteria for admission which shall include:				
12 VAC 35-46-640.A1		A description of the population to be served;				
12 VAC 35-46-640.A.2		A description of the types of services offered;				
12 VAC 35-46-640.A.3		Intake and admission procedures.				
12 VAC 35-46-640.A.4		Exclusion criteria to define those behaviors or problems that the facility does not have the staff with the training or experience to manage, and				
12 VAC 35-46-640.A.5		A description of how educational services will be provided				

12 VAC 35-46-20.B	Service description; required elements.	B. Each provider shall have a written service description that accurately describes its structured program of care and treatment consistent with the treatment, habilitation, or training needs of the residential population it serves. Service description elements shall include:				
12 VAC 35-46-20.B		1. The mental health, substance abuse or intellectual disability population it intends to serve;				
		2. The mental health, substance abuse or intellectual disability interventions it will provide;				
		3. Provider goals;				
		4. Services provided; and				
		5. Contract services, if any.				
12 VAC 35-46-800	Structured Program of Care	There shall be a structured program of care designed to:				
12 VAC 35-46-800.A.1		Meet the resident's physical and emotional needs				
12 VAC 35-46-800.A.2		Provide protection, guidance and supervision				
12 VAC 35-46-800.A.3		Meet the objectives of any required service plan				
12 VAC 35-46-800.H		The structured daily routine shall comply with any facility or locally imposed curfews				
<input type="checkbox"/> <i>Daily Schedule of Services-§800.B</i>						
12 VAC 35-46-625	Minimum service requirements	B. The provider shall have and implement written policies and procedures that address the provision of:				
		1. Psychiatric care;				
		2. Family therapy; and				
		3. Staffing appropriate to the needs and behaviors of the residents served.				
		C. The provider shall have and implement written policies and procedures for the on-site provision of a structured program of care or treatment of residents with mental illness, intellectual disability, or substance abuse. The provision, intensity, and frequency of mental health, intellectual disability, or substance abuse interventions shall be based on the assessed needs of the resident. These interventions, applicable to the population served, shall include, but are not limited to:				
		1. Individual counseling;				
		2. Group counseling;				
		3. Training in decision making, family and interpersonal skills, problem solving, self-care, social, and independent living skills;				
		4. Training in functional skills;				
		5. Assistance with activities of daily living (ADL's);				
		6. Social skills training in therapeutic recreational activities, e.g., anger management, leisure skills education and development, and community integration;				
		7. Providing positive behavior supports;				
		8. Physical, occupational and/or speech therapy; and				
		9. Substance abuse education and counseling.				
		D. Each provider shall have formal arrangements for the evaluation, assessment, and treatment of the mental health needs of the resident.				
12 VAC 35-46-700.1	Emergency or self-admissions	Providers accepting emergency or self admissions shall develop and implement policies and procedures governing such admissions that shall include procedures to make and document prompt efforts to obtain (i) written placement agreement signed by the legal guardian or a copy of the court order				
12 VAC 35-46-700.2		Place in each residents record a copy of the court order, written request for care, or documentation of an oral request for care and justification of why the resident had to be admitted on an emergency basis				

12 VAC 35-46-700.3		Clearly document in written assessment information gathered for the emergency admission that the individual meets the facilities criteria for admission				
12 VAC 35-46-970	Education	Each facility shall have an education plan for residents				
		850.F. Each facility shall develop written policies to ensure each resident has adequate study time				
12 VAC 35-46-710.D	Admission policy	D. Each facility shall develop and implement written policies and procedures to assess each resident as part of the application to ensure:				
12 VAC 35-46-710.D.1		The needs of the prospective resident can be addressed by the facility				
12 VAC 35-46-710.D.2		The facilities staff are trained to meet the residents prospective needs				
12 VAC 35-46-710.D.3		The admission of the resident would not pose any significant risk to the prospective resident, the facilities residents or staff				

☐ **Resident Screening FORM w/admit and deny notification sample letters-§630, 710 & 12 VAC 35-45-90**

- ☐ Basic demographics
- ☐ Presenting needs
- ☐ Checklist for admission/exclusion criteria
- ☐ Referral source information
- ☐ Action taken
- ☐ Acceptance letter
- ☐ Denial letter

☐ **Applications for Admission FORM §12 VAC 35-46-710.B**

B. Providers shall develop, and fully complete prior to acceptance for care, an application for admission which designed to compile information necessary to determine:

- ☐ The educational needs of the prospective resident;
- ☐ The mental health, emotional and psychological needs prospective resident;
- ☐ The physical health needs of the prospective resident, including immunization needs;
- ☐ The protection needs of the prospective resident;
- ☐ The suitability of the prospective resident's admission;
- ☐ The behavior support needs of the prospective resident, and
- ☐ Family history and relationships;
- ☐ Social and development history;
- ☐ Current behavioral functioning and social competence;
- ☐ History of previous treatment for mental health, intellectual disability, substance abuse, and behavior problems;
- ☐ Medication and drug use profile, which shall include:
- ☐ History of prescription, nonprescription, and illicit drugs that were taken over the six months prior to admission;
- ☐ Drug allergies, unusual and other adverse drug reactions;
- ☐ Ineffective medications and
- ☐ Information necessary to develop a service plan.

☐ **Placement Agreement FORM-§720**

- ☐ Authorizes resident placement
- ☐ Addresses acquisition & consent for medical treatment
- ☐ Rights & responsibilities of each party
- ☐ Financial responsibility for placement
- ☐ Addresses visitation,
- ☐ Addresses the education plan for the resident, and responsibilities for each parties

12 VAC 35-45-710	Assessment	The provider will complete an assessment of each resident that addresses:				
		1. Family history and relationships;				
		2. Social and development history;				
		3. Current behavioral functioning and social competence;				
		4. History of previous treatment for mental health, intellectual disability, substance abuse, and behavior problems; and				
		5. Medication and drug use profile, which shall include:				
		a. History of prescription, nonprescription, and illicit drugs that were taken over the six months prior to admission;				
		b. Drug allergies, unusual and other adverse drug reactions; and				

c. Ineffective medications.

6. Information necessary to develop a service plan.

☐ **Resident Orientation FORM-§940.B & §1110.H & §40.B (2) & §100.C (5) (c)Human Rights)**

- ☐ Fire Plan
- ☐ Program services and policies
- ☐ Human Rights
- ☐ Rules of Conduct
- ☐ Behavior Interventions

☐ **Assessment FORM §710**

- ☐ Resident's physical needs
- ☐ Educational needs
- ☐ Mental health, emotional, and Psychological needs
- ☐ Protection needs
- ☐ Evaluation of whether resident's admission would pose a risk to resident, existing residents, staff
- ☐ Family history & relationships
- ☐ Social & developmental history
- ☐ Current behavioral functioning & social competence
- ☐ History of previous treatment;
 - ☐ Mental health
 - ☐ Substance Abuse
 - ☐ Intellectual disability
 - ☐ Behavioral problems
- ☐ Medication & drug profile
- ☐ History of all medications previous six months
- ☐ Drug allergies/adverse reactions
- ☐ Ineffective medications
- ☐ Brief Health/medical history

☐ **Resident Face Sheet FORM -§730**

- ☐ Resident's full name
- ☐ Last known address
- ☐ Birth date
- ☐ Birthplace
- ☐ Gender
- ☐ Race
- ☐ SSN
- ☐ Religious preference
- ☐ Admission date
- ☐ Name Address & phone number of legal guardian
- ☐ Name Address & phone number of placing agency
- ☐ Name Address & phone number of emergency contact

☐ **Sample Daily Progress Note FORM -§750.D & §660**

- ☐ Date
- ☐ Time
- ☐ Format
- ☐ Staff signature

☐ **Therapies-Individual/Group Note FORM -§750.D**

- ☐ Date
- ☐ Time
- ☐ Format
- ☐ Staff signature

☐ **Sample ISP FORM -§740 & §750**

- ☐ Strengths & needs
- ☐ Current level of functioning
- ☐ Goals
- ☐ Objectives
- ☐ Strategies
- ☐ Projected family involvement
- ☐ Projected date to achieve objectives
- ☐ Status of discharge planning
- ☐ Documentation that resident, placing agency & LAR are participants in developing the plan

☐ **Sample Quarterly Progress Note FORM-§750.E**

- ☐ Resident's progress toward meeting plan objectives
☐ Family involvement
☐ Continuing needs
☐ Progress toward discharge
☐ Status of discharge planning
☐ Revisions, if any
☐ Documentation that resident, placing agency & LAR are participants in developing the plan

12 VAC 35-46-780	Case Management	The program shall be designed to provide case management services. Case management shall address:				
		Helping the resident, parents or legal guardians to understand the effects of separation from the family				
		Assisting the resident and family to maintain their relationship for future care				
		Utilizing appropriate community resources to provide services and maintain contact with such resources				
		Helping the resident to strengthen his capacity to function productively in interpersonal relationships				
		Conferring with the child care staff to help them understand the resident's needs in order to promote adjustment to group living				
		Working with the resident and family or placing agency that may be involved in planning for the resident's future				
12 VAC 35-46-765.A	Discharge Criteria	The provider shall have written criteria for discharge that shall include:				
12 VAC 35-46-765.A.1		Criteria for a resident's completing the program which are consistent with the facility's programs and services;				
12 VAC 35-46-765.A.2		Conditions under which a resident may be discharged before completing the program; and				
12 VAC 35-46-765.A.3		Procedures for assisting placing agencies in placing the residents should the facility cease operation				

☐ **Transfer FORM-§760**

- ☐ Written confirmation of the admission decision to the legal guardian
☐ Receipt from sending facility of a written summary of residents progress, strengths & needs

12 VAC 35-46-765.H	Discharge Summaries	No later than 30 days after discharge a comprehensive discharge summary shall be placed in the resident's record and sent to the person or agency making the placement. The discharge summary shall review:				
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☐ **Discharge FORM -§765.H**

- ☐ Services provided to resident
☐ Resident's progress toward meeting objectives
☐ Resident's continuing needs, & recommendations for further services
☐ Reasons for discharge, and the names of the person the resident was discharged to
☐ Dates of Admission & discharge
☐ Date discharge summary prepared & signature of preparing it
☐ Documentation that resident, placing agency & LAR are participants in developing the plan

12 VAC 35-46-810.A	Health care procedures	The provider shall have and implement written procedures for promptly:				
12 VAC 35-46-810.A.1		Providing or arranging for the provision of medical and dental services for health problems identified at admission;				
12 VAC 35-46-810.A.2		Providing or arranging for the provision of routine ongoing and follow-up medical and dental services after admission;				
12 VAC 35-46-810.A.3		Providing emergency services for each resident as provided by statute or by the agreement with the resident's legal guardian, and				
12 VAC 35-46-810.A.4		Providing emergency services for any resident experiencing or showing signs of suicidal or homicidal thoughts, symptoms of mood or thought disorders, or other mental health problems				
12 VAC 35-46-810.A.5		Ensuring the required information in subsection B of this section is accessible and up to date				

☐ **Health FORM**

- ☐ Allergies
- ☐ Recent physical complaints & medical conditions
- ☐ Chronic conditions
- ☐ Communicable diseases
- ☐ Handicaps & restrictions, if any
- ☐ Past serious illness, injuries & hospitalizations
- ☐ Past serious illness, injuries & hospitalizations of parents & siblings
- ☐ Current & past medications
- ☐ Current & past substance abuse history
- ☐ Immunizations
- ☐ Communication problems
- ☐ Sexual health & reproductive history

☐ **Resident Physical Examination FORM -§840.E**

- ☐ Immunizations administered, at time of the exam
- ☐ Vision exam
- ☐ Hearing exam
- ☐ General physical condition
- ☐ Free of communicable disease, including TB
- ☐ Allergies
- ☐ Chronic conditions
- ☐ Handicaps
- ☐ Nutritional requirements, special diets
- ☐ Restrictions on physical activities
- ☐ Recommendations for further treatments, immunizations, or other examinations
- ☐ Date
- ☐ Signature of physician, designee, or health dept

12 VAC 35-46-810.B	Health care procedures	The following written information concerning each resident shall be readily accessible:				
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☐ **Emergency Room (ER) Medical Information FORM §810.B**

- ☐ Name, address, & phone number of physician
- ☐ Name, address, & phone number of dentist
- ☐ Name, address, & phone number of relative or other person to be contacted
- ☐ Medical insurance information
- ☐ Use of medications
- ☐ All allergies, including Medication allergies
- ☐ Substance abuse and use
- ☐ Significant past and present medical problems
- ☐ Communication problems, if any

12 VAC 35-46-850	Medication administration.	A. The provider shall develop and implement written policies and procedures regarding the delivery and administration of prescription and nonprescription medications used by residents. At a minimum these policies will address:				
		1. Identification of the staff member responsible for routinely communicating to the prescribing physician:				
		a. The effectiveness of prescribed medications; and				
		b. Any adverse reactions, or any suspected side effects.				
		2. Storage of controlled substances;				
		3. Documentation of medication errors and drug reactions;				

Medication Administration Record Form (MAR) FORM §850.G

- ☐ Date Prescribed
- ☐ Drug Name
- ☐ Schedule for administration
- ☐ Strength
- ☐ Route
- ☐ Actual time administered
- ☐ Identity of person administering
- ☐ Date discontinued or changed

12 VAC 35-46-850.J	Medication	J. The provider shall develop policies and procedures for documenting medication errors, reviewing medication errors and reactions and making necessary improvements, the disposal of medications, the storage of controlled substances, and the distribution of medication off campus. The policy must be approved by a healthcare professional.				
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☐ **Medication error Reporting FORM-§850.H**

- ☐ Resident name
☐ Name of staff
☐ Date/Time
☐ Type of error
☐ Medication
☐ Actions taken
☐ Notifications
☐ Signature

12 VAC 35-46-820.	Written policies and procedures for a crisis or clinical emergency.	The provider shall develop and implement written policies and procedures for a crisis or clinical emergency that shall include:				
		1. Procedures for crisis or clinical stabilization, and immediate access to appropriate internal and external resources, including a provision for obtaining physician and mental health clinical services if on-call physician back-up or mental health clinical services are not available; and				
		2. Employee or contractor responsibilities.				
12 VAC 35-46-830.	Documenting crisis intervention and clinical emergency services.	A. The provider shall develop and implement a method for documenting the provision of crisis intervention and clinical emergency services. Documentation shall include the following:				
		1. Date and time;				
		2. Nature of crisis or emergency;				
		3. Name of resident;				
		4. Precipitating factors;				
		5. Interventions/treatment provided;				
		6. Employees or contractors involved;				
		7. Outcome; and				
		8. Any required follow-up.				
		B. If a crisis or clinical emergency involves a resident who receives medical or mental health services, the crisis intervention documentation shall become part of his record.				

☐ **Crisis-Intervention Documentation FORM-§830**

- ☐ Date and time
☐ Nature of crisis or emergency
☐ Name of individual
☐ Precipitating factors
☐ Interventions/treatment provided
☐ Employees or contractors involved
☐ Outcome

☐ **Emergency (Incident) Reporting FORM-§1070.B**

- ☐ Date & Time occurred
☐ Brief description of incident
☐ Action taken as a result of the incident
☐ Name of person completing the report
☐ Name of person making the report to the placing agency, parent, or legal guardian
☐ Name of person to whom the report was made

12 VAC 35-45-830. C	Clinical Emergencies	C. There shall be written policies and procedures for referring to or receiving residents from:				
		1. Hospitals;				
		2. Law-enforcement officials;				
		3. Physicians;				
		4. Clergy;				

		5. Schools;				
		6. Mental health facilities;				
		7. Court services;				
		8. Private outpatient providers; and				
		9. Support groups or others, as applicable.				
12 VAC 35-46-840.J	Medical Examination & Treatment- (Risk Management)	The provider shall develop and implement written policies and procedures that include the use of standard precautions and address communicable and contagious medical conditions. These policies and procedures shall be approved by a healthcare professional				
12 VAC 35-46-510	Audio and visual recordings.	Each provider shall have written policies and procedures regarding the photographing and audio or audio-video recordings of residents that shall ensure and provide that:				
		1. The written consent of the resident or the resident's legal guardian shall be obtained before the resident is photographed or recorded for research or provider publicity purposes.				
		2. No photographing or recording by provider staff shall take place without the resident or the resident's family or legal guardian being informed.				
		3. All photographs and recordings shall be used in a manner that respects the dignity and confidentiality of the resident.				
<input type="checkbox"/> Permission FORM for audio/visual recording--§510 <input type="checkbox"/> Written consent or resident and/or LAR <input type="checkbox"/> Requires notification to resident & LAR that photographing/recording will take place <input type="checkbox"/> Must state that they will be used in a manner respecting dignity & confidentiality						
12 VAC 35-46-660.C	Records Maintenance	The provider shall develop and implement written policies and procedures for management of all records, written and automated that shall describe confidentiality, accessibility, security and retention of records pertaining to residents, including:				
12 VAC 35-46-660.C.1		Access, duplication, dissemination and acquiring of information only to persons legally authorized according to federal and state laws				
12 VAC 35-46-660.C.2		Facilities using automated records shall address procedures that include:				
12 VAC 35-46-660.C.2a		How records will be protected from unauthorized access				
12 VAC 35-46-660.C.2.b		How records will be protected from unauthorized Internet access				
12 VAC 35-46-660.C.2.c		How records will be protected from loss				
12 VAC 35-46-660.C.2.d		How records will be protected from unauthorized alteration				
12 VAC 35-46-660.C.2.d		How records will be backed up				
12 VAC 35-46-660.C.3		Security measures to protect records from loss, unauthorized alteration, inadvertent or unauthorized access, disclosure of information and transportation of records between service sites				
12 VAC 35-46-660.C.4		Designation of person responsible for records management, and				
12 VAC 35-46-660.C.5		Disposition of records in the event the facility ceases to operate				
12 VAC 35-46-660.D		What information is available to the resident				
12 VAC 35-115-80.C (2)	Human Rights Regulations	When records may be released without consent				
<input type="checkbox"/> Release of Information FORM-§80.B (4) (Human Rights) <input type="checkbox"/> Specify what is to be released <input type="checkbox"/> Dated <input type="checkbox"/> Notification it can be revoked <input type="checkbox"/> Expiration date <input type="checkbox"/> Signatures of resident & LAR						
12 VAC 35-46-750. D	Documentation	The provider shall develop and implement written policies and procedures to document progress of the resident towards meeting the goals and objectives of the service plan that include:				
12 VAC 35-46-7520 D.1		Format				
12 VAC 35-46-750.2		Frequency of documentation				
12 VAC 35-46-750.3		Person responsible				

12 VAC 35-46-660.	Maintenance of resident's record	A. The provider shall define, by policy, a system of documentation, which supports appropriate service planning, and methods of updating a resident's record by employees or contractors. Such system shall include the frequency and format for documentation.))))			
		B. Entries in a resident's record shall be current, dated and authenticated by the person making the entry. Errors shall be corrected by striking through and initialing. If records are electronic, the provider shall develop and implement a policy and procedure to identify how corrections to the record will be made.))))			
12 VAC 35-46-670	Record reviews.	Complete written policies and procedures for record reviews shall be developed and implemented that shall evaluate records for completeness, accuracy, and timeliness of documentation. Such policies shall include provisions for ongoing review to determine whether records contain all required service documentation, and release of information documents required by the provider.))))))			

☐ **Record Review FORM-§670**

- ☐ Addresses personnel records
☐ Addresses resident records
☐ MAR's
☐ Staff completing the review
☐ Follow-up needed

12 VAC 35-46-690	Human Research	Implement a written policy stating that residents will not be used as subjects of human research; or				
		Document approval, as required by the appropriate regulatory authorities, for each research project using residents as subjects of human research.				
12 VAC 35-46-890.B	Searches	A provider that does not conduct pat down searches shall have a written policy prohibiting them				
12 VAC 35-46-890.B.1		A provider that conducts pat down searches shall develop and implement written policies and procedures governing them that shall provide:				
12 VAC 35-46-890.B.2		Pat downs shall be limited to instances where they are necessary to prohibit contraband;				
12 VAC 35-46-890.B.3		Pat downs shall be conducted by personnel of the same gender as the resident being searched				
12 VAC 35-46-890.B.4		Pat downs shall only be conducted by personnel who are specifically authorized to conduct searches by written policy				
12 VAC 35-46-890.B.5		Pat downs shall be conducted in such a way as to protect the subject's privacy and in the presence of one or more witnesses				
12 VAC 35-46-940.A	Behavior Interventions	The provider shall develop and implement written policies and procedures for behavioral interventions and for documenting and monitoring the management of resident behavior. Rules of conduct shall be included in the written policies and procedures. These policies shall:				
12 VAC 35-46-940.A.1		1. Define and list techniques that are used and are available for use in the order of their relative degree of restrictiveness; Emphasize positive approaches				
12 VAC 35-46-940.A.2		2. Specify the staff members who may authorize the use of each technique;				
12 VAC 35-46-940.A.3		3. Specify the processes for implementing such policies and procedures;				
		4. Specify the mechanism for monitoring and controlling the use of behavior management techniques; and				
		5. Specify the methods for documenting the use of behavior management techniques.				
12 VAC 35-46-940.D		The provider shall develop and implement written policies and procedures governing the use of physical restraint which shall include:				
12 VAC 35-46-940.D.1		The staff person who will write the report and the timeframe;				
12 VAC 35-46-940.D.2		The staff person who will review the report and timeframe; and				
12 VAC 35-46-940.D.3		Methods to be followed should less restrictive interventions be unsuccessful				
12 VAC 35-46-940.D.4		All physical restraints shall be reviewed and evaluated to plan for continued staff development.				

☐ **Monitoring Behavior Management FORM**

☐ **Restraint Documentation FORM - §940.I**

- ☐ Date
☐ Time
☐ Staff involved
☐ Justification for the restraint
☐ Less restrictive measures which were unsuccessfully attempted prior to using physical restraint
☐ Duration
☐ Description of the method and techniques used
☐ Signature of person completing the report and date
☐ Reviewers signature and date

12 VAC 35-46-910.A	Timeout	The provider shall develop and implement written policies and procedures governing the conditions under which a resident may be placed in timeout time out. The conditions and maximum period of timeout shall be based upon the resident's chronological and developmental level				
		The policy shall, at a minimum:				
		1. Comply with the Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers of Mental Health, Intellectual disability and Substance Abuse Services (12 VAC 35-115);				
		2. Specify how staff will be trained in the use and application of time out; and				
		3. Require developmentally appropriate time limits in the application of time out.				
12 VAC 35-46-1080.A	Suspected child abuse or neglect	Written policies regarding child abuse and neglect shall be distributed to all staff members. These shall include procedures for:				
12 VAC 35-46-1080.A.1		Handling accusations against staff; and				
12 VAC 35-46-1080.A.2		Promptly referring, consistent with requirements of the <i>Code of Virginia</i> , suspected cases of child abuse and neglect to the local child protective services unit; <u>other applicable agencies</u> , and cooperating with the unit during any investigation				

☐ **Suspected Abuse/Neglect FORM -§1080.D**

- ☐ Date & Time suspected abuse occurred
☐ Description of the Incident
☐ Action taken as a result of incident
☐ Name of person to who report was made at CPS
☐ Date, Time & Name of Human Rights Advocate incident was reported to

12 VAC 35-46-980	Religion	The provider shall have and implement written policies regarding opportunities for residents to participate in religious activities				
12 VAC 35-46-990A.	Recreation	The provider shall have a written description of its recreation program that describes activities that are consistent with the facility's total program and with the ages, developmental levels, interests, and needs of residents that includes:				
12 VAC 35-46-990A.1		Opportunities for individual and group activities				
12 VAC 35-46-990A.2		Free time for residents to pursue personal interests that shall be in addition to a formal recreation program,				
12 VAC 35-46-990A.3		Use of available community resources and facilities				
12 VAC 35-46-990A.4		Scheduling of activities so that they do not conflict with meals, religious services, educational programs or other regular events				
12 VAC 35-46-990A.5		Regularly scheduled indoor and outdoor activities that are structured to develop skills and attitudes				
12 VAC 35-46-990.B		The provider shall develop and implement written policies and procedures to ensure the safety of residents participating in recreational activities that include:				
12 VAC 35-46-990.B.1		How activities will be directed and supervised by individuals knowledgeable in safeguards required for the activities				
12 VAC 35-46-990.B.2		How residents will be assessed for suitability for an activity and the supervision provided				
12 VAC 35-46-990.B.3		How safeguards for water related activities will be provided including ensuring that a certified life guard supervises all swimming activities				

12 VAC 35-46-1000.B	Community Relationships	The provider shall develop and implement written policies and procedures for evaluating persons or organizations in the community who wish to associate with residents on the premises or take residents off the premises - procedures shall cover how the facility will determine if participation in such community activities or programs would be in the residents' best interest.				
12 VAC 35-46-1000.C		Each facility shall have a community liaison responsible for cooperative relationships with neighbors, the school system, local law enforcement, local government officials, and the community at large				
12 VAC 35-46-1000.D		Each provider shall develop and implement written policies and procedures For promoting positive relationships with neighbors that shall be approved by the regulatory authority				
12 VAC 35-46-1020.B	Allowances and spending money	There shall be a written policy regarding allowances that shall be made available to legal guardians at the time of admission				
12 VAC 35-46-970.C		The provider shall develop and implement written policies and procedures for safekeeping and for record keeping of any money that belongs to residents				

☐ **Financial Information FORM - expenditures and disbursement of resident's funds-**

- ☐ Staff involved
☐ Resident involved
☐ Amount of funds
☐ Date
☐ Purpose

12 VAC 35-46-1030.D	Work & pay of residents	Procedures to ensure that the work and pay of residents complies with applicable laws governing wages and hours and laws governing labor and employment of children.				
12 VAC 35-46-1040	Visitation at the facility and to the residents home	The provider shall develop and implement written policies and procedures that allow reasonable visiting privileges and flexible visiting hours except as permitted by other applicable state regulations.				
12 VAC 35-46-1060.B	Vehicle and Power Equipment	There shall be written safety rules for transportation of residents appropriate to the population served that shall include taking head counts at each stop.				
12 VAC 35-46-1060.C		The provider shall develop and implement written Safety rules for use and maintenance of vehicles and power equipment.				
12 VAC 35-46-1090.A	Grievance procedures	The provider shall develop and implement written policies and procedures governing the handling of grievances by residents. If not addressed by other applicable standards, the policies and handling of grievances by children procedures shall:				
12 VAC 35-46-1090.A.1		Be written in clear and simple language;				
12 VAC 35-46-1090.A.2		Be communicated to the residents in an age or developmentally appropriate manner;				
12 VAC 35-46-1090.A.3		Be posted in an area easily accessible to residents and their parents and legal guardians;				
12 VAC 35-46-1090.A.4		Ensure that any grievance shall be investigated by an objective employee who is not the subject of the grievance; and				
12 VAC 35-46-1040.A.5		Require continuous monitoring by the licensee of any grievance to assure there is no retaliation or threat of retaliation against the child.				

☐ **Grievance Procedure FORM -§1090.B**

12 VAC 35-46-1110.A	Emergency and evacuation procedures	The provider shall develop a written emergency preparedness plan. The plan shall address:				
12 VAC 35-46-1110.A.1		Documentation of contact with local emergency coordinator to determine local disaster risks, community wide plans to address different disasters and emergency situations, and assistance, if any, that the local emergency management office will provide to the facility in an emergency				
12 VAC 35-46-1110.A.2		Analysis of capabilities and potential hazards, including natural disasters, severe weather, fire, flooding, work place violence or terrorism, missing persons, severe injuries, or other emergencies that would effect the normal course of service delivery				

12 VAC 35-46-1110.A.3		Written emergency management policies outlining specific responsibilities for provision of administrative direction and management of response activities, coordination of logistics during the emergency, communications, life safety of employees, contractors, students/interns, volunteers, visitors and residents, property protection, community outreach and recovery and restoration				
12 VAC 35-46-1110.A.4		Written emergency response procedures for assessing the situation, protecting residents, employees, contractors, students/interns, volunteers, equipment and vital records, and restoring services, Emergency procedures shall address:				
12 VAC 35-46-1110.A.4.a		Communicating with employees & community responders				
12 VAC 35-46-1110.A.4.b		Warning and notification of residents				
12 VAC 35-46-1110.A.4.c		Providing emergency access to locked areas				
12 VAC 35-46-1110.A.4.d		Conducting evacuations to emergency shelters or alternative sites and accounting for all residents				
12 VAC 35-46-1110.A.4.e		Relocating residents, if necessary				
12 VAC 35-46-1110.A.4.f		Notifying family members and legal guardians				
12 VAC 35-46-1110.A.4.g		Alerting emergency personnel and sounding alarms				
12 VAC 35-46-1110.A		Locating and shutting off utilities, if necessary				
12 VAC 35-46-1110.A.4.h		Supporting documents that would be needed in an emergency				
12 VAC 35-46-1110.A.4.6		Schedule for conducting emergency preparedness drills				
<input type="checkbox"/> Emergency Preparedness Numbers Posted-§880 <input type="checkbox"/> Fire <input type="checkbox"/> Police <input type="checkbox"/> Poison control <input type="checkbox"/> Administrator <input type="checkbox"/> Nearest hospital, <input type="checkbox"/> Ambulance service, <input type="checkbox"/> Rescue squad and <input type="checkbox"/> Other trained medical personnel						
12 VAC 35-46-1110.B	Emergency Preparedness Staff Training Plan	The Provider shall develop emergency preparedness and response training for all employees, contractors, students/interns, and volunteers that shall include responsibilities for:				
12 VAC 35-46-1110.B.1		Alerting emergency personnel & sounding alarms;				
12 VAC 35-46-1110.B.2		Implementing evacuation procedures, including handling of residents with special needs				
12 VAC 35-46-1110.B.3		Use & maintenance of emergency equipment.				
12 VAC 35-46-1110.B.4		Accessing resident emergency information for residents including medical information				
12 VAC 35-46-1110.B.5		Utilizing community support services				
<input type="checkbox"/> Emergency Drills FORM - §1110.L Evacuation drills shall include: <input type="checkbox"/> Sounding of emergency alarms <input type="checkbox"/> Practice evacuating the building <input type="checkbox"/> Practice in altering authorities <input type="checkbox"/> Simulated use of emergency equipment <input type="checkbox"/> Practice in securing resident emergency information						
12 VAC 35-46-870.F.1	Staff Supervision of Residents	The provider shall develop and implement written policies and procedures that address staff supervision of children, including contingency plans for resident illness, emergencies, off campus activities and resident preferences. These policies shall be based upon the:				
12 VAC 35-46-870.F.1.a		Needs of the population served				
12 VAC 35-46-870.F.1.b		Types of services offered				
12 VAC 35-46-870.F.1.c		Qualifications of staff on duty				
12 VAC 35-46-870.F.1.d		Number of residents served				

☐ **Staff Orientation FORM for Employees, Contractors, Volunteers and Students - §310, §250.A.3 (Human Rights)**

- ☐ Objectives & philosophy
- ☐ Confidentiality
- ☐ Human Rights
- ☐ Personnel policies
- ☐ Resident supervision
- ☐ Emergency preparedness & fire procedures
- ☐ Infection control

☐ **Staff Training and Development FORM -§310**

Retraining in:

- ☐ ER preparedness,
- ☐ Human Rights,
- ☐ Behavior management
- ☐ CPR/First Aid
- ☐ Medication administration

☐ **Performance Evaluation FORM -§300.B (5)**

- ☐ Core Job Responsibilities/Performance Elements
- ☐ Developmental goals
- ☐ Training needs

☐ **Facility Inspection Checklist FORM -§420**

- ☐ Smoke detectors
- ☐ Fire extinguishers
- ☐ ER lighting
- ☐ First Aid Kit
- ☐ Needed repairs
- ☐ Extension cords
- ☐ Outside grounds
- ☐ Outside lighting
- ☐ Building exterior
- ☐ Floors
- ☐ Restrooms
- ☐ Cleanliness
- ☐ Safety hazards
- ☐ Washer/dryer
- ☐ Furniture
- ☐ Refrigerator/freezer
- ☐ Windows/screens
- ☐ Locks
- ☐ Laundry supplies
- ☐ Personal hygiene supplies
- ☐ Emergency food/water
- ☐ OSHA Kit
- ☐ Security alarm

INDEPENDENT LIVING SERVICES

12 VAC 35-46-1120.A	ILP's	Each independent living program must demonstrate that a structured program using materials and curriculum approved by the regulatory authority is being used to teach independent living skills. The curriculum must include information regarding the following areas:				
12 VAC 35-46-1120.A.1		Money management and consumer awareness				
12 VAC 35-46-1120.A.2		Food management				
12 VAC 35-46-1120.A.3		Personal appearance				
12 VAC 35-46-1120.A.4		Social skills				
12 VAC 35-46-1120.A.5		Health/sexuality				
12 VAC 35-46-1120.A.6		Housekeeping				
12 VAC 35-46-1120.A.7		Transportation				
12 VAC 35-46-1120.A.8		Education planning/career planning				
12 VAC 35-46-1120.A.9		Job seeking skills				
12 VAC 35-46-1120.A.10		Job maintenance skills				
12 VAC 35-46-1120.A.11		Emergency and safety skills				
12 VAC 35-46-1120.A.12		Knowledge of community resources				
12 VAC 35-46-1120.A.13		Interpersonal and social skills				
12 VAC 35-46-1120.A.14		Legal skills				
12 VAC 35-46-1120.A.15		Leisure activities				
12 VAC 35-46-1120.A.16		Housing				

12 VAC 35-46-1120.D		Each Independent Living program shall develop and implement policies and procedures to train direct care staff within 14 days of employment of the content of the ILP curriculum, the use of ILP living materials, the application of the assessment tool, and the documentation methods used. Documentation of the orientation shall be kept in the employees' staff record.				
12 VAC 35-46-1120.E		If residents age 18 years and older are to share in the responsibility for their own medication with the provider, the ILP shall develop and implement written policies and procedures that include:				
12 VAC 35-46-1120.E.1		Training for the resident in self administration and recognition of side effects				
12 VAC 35-46-1120.E.2		Method of storage and safekeeping				
12 VAC 35-46-1120.E.3		Method for obtaining approval for the resident to self administer medication from a person authorized by law to prescribe medication				
12 VAC 35-46-1120.E.4		Method for documenting the administration of medication				
12 VAC 35-46-1060.F		Each ILP shall develop and implement written policies and procedures that ensure each resident is receiving adequate nutrition as required in 12 VAC 35-46-820.				

Policy and Procedure (Sample #1)

Area: HEALTH AND SAFETY		No: 23	Page 1 of 2 pages
Title: Crisis Intervention	Issued: 9/10/10	Revised: 11/16/2010	Revised:

POLICY:

It will be the policy of Hunt and Peck, LLC that all direct care staff member are trained to intervene in crisis situations that require either the use of basic first aid/CPR or psychological crisis that may respond to verbal attempts to de-escalate. Staff are also expected to be able to identify a medical or psychiatric emergency and take immediate and appropriate measures, as outlined in policy, to address such emergencies.

PROCEDURES:

Within the first thirty days (30) of employment, attempts will be made to have all direct care staff of Hunt and Peck will be certified in first aid, CPR, behavior management techniques consistent with the Hunt and Peck, LLC behavior management and human rights plans.

No staff member will be assigned to work alone at any Hunt and Peck, LLC location without another staff member who is current in First Aid/CPR, behavior management training and medication administration certification.

Staff trained in first aid will first address all injuries or illnesses involving consumers. Direct care staff members will be not be required to determine if an injury or illness is "minor" or "major". All such illnesses or injuries shall be reported to the Program Nurse or Clinical Coordinator.

Staff will document in the consumer's Health Information Record all such injuries and illnesses, including the interventions staff applied. Staff members involved will complete incident reports.

The Program Nurse, and/or the Clinical Coordinator will determine if the consumer's primary care physician should be contacted for further medical guidance. If required, an appointment will be scheduled with the physician and the Program Nurse will transport the consumer to the appointment, requesting the physician to complete the Medical Appointment form (Form #7).

Staff members who sustain minor injuries on the job will be directed to their primary care physician if care beyond primary first aid is required. Incident reports must be completed for staff injuries.

If any injury or illness is determined to be "minor", but requiring urgent medical attention, staff may transport the consumer or staff member in vehicles owned by Hunt and Peck, LLC (for consumer injuries/illness) or private automobiles, for injuries or illness involving staff, to appropriate medical attention, (either primary case physician or local emergency room).

Area: HEALTH AND SAFETY		No: 23	Page 2 of 2 pages
Title: Crisis Intervention	Issued: 11/10/01	Revised: 05/16/2002	Revised:

Occasionally the behavior of consumers at Hunt and Peck, LLC may escalate into what may appear to be agitating, threatening or out of control actions. Staff members are expected to use the skill they have mastered in behavior management training to attempt to verbally de-escalate such consumers.

Only in an absolute emergency, where the immediate safety of the consumer, other consumers or staff members is threatened, may Hunt and Peck staff physically intervene to physically restrain a consumer. Such physical restraint will follow the guidelines of Hunt and Peck, LLC behavior management and Human Rights Policies and Procedures and may only be used by staff trained in these procedures.

Many of the consumers at Hunt and Peck, LLC are also under a physician's care. Staff should check the Medication Administration Record (MAR) to determine if there is an existing physician order for a PRN medication for agitation. If such an order is present, the consumer should be offered this medication. As with any medication, the administration of the PRN medication must appropriately be documented on the MAR.

At all times staff are expected to protect all consumers. If attempts at de-escalation of an out of control consumer are ineffective, staff will attempt to get the consumer to separate from others around them. If possible, at least two staff members should accompany any out of control consumer.

If attempts at separation are unsuccessful, staff are to remove all other consumers for the area of threat.

UNACCEPTABLE

This policy would not be accepted BECAUSE it:

- ***is not numbered according to the regulation,***
- ***has not addressed all the elements of the regulation,***
- ***does not define a Crisis or a Clinical Emergency,***
- ***does not it give clear instructions for staff to follow in the event of a Crisis or a Clinical Emergency, etc.***

Note: How well you develop your policies and procedures and train your staff to implement could determine the quality of services, health and safety, life or death of the clients you serve.

Policy and Procedure (Sample #2)

Area: HEALTH AND SAFETY MANAGEMENT	Policy 22 VAC 42-10-510-H	Page 5 of 6 pages
Title: 510 Medical Examination & Treatment Focus Communicable Diseases	Issued: 04-23-04	Revised: 5-17-04

These universal precautions shall be provided, in writing, to all employees, interns, volunteers and resident upon association the Rion's Hope program.

In the event that potentially infectious or bodily fluids are exposed, staff will be required to clean and disinfect the area to prevent harmful effects due to direct contact with these materials. The following actions must be adhered by all staff to ensure that they are properly cleaned.

For any exposure to potential for spills or splatters of or direct contact with blood, urine, feces, semen or any other bodily fluids; Rion's Hope staff, volunteers, or students interns must use the following procedures:

- 1. Retrieve the necessary supplies from the closet in the staff's off or the closet in the kitchen to cover themselves from direct contact with potentially infectious material. Such items include **gloves, goggles, a protective gown, shoe covers and a mask.***
- 1. After properly putting the needed items on for protection, retrieve the pre-prepared bleach and water solution and towels (10 cups of water to 1 cup of bleach) for use in cleaning the exposed area. These items can be found in the closet in staff's office.*
- 2. Use a **RED trash bag** (red bags used only in such cases) to collect any exposed clothing, cleaning towels or other items, which may need to be discarded due to exposure.*
- 3. After cleaning is completed, carefully view the area to ensure that all the harmful material has been removed.*
- 4. Place any remaining towels or items including the protective gown, gloves, and facial masks into the red bag. Tie the red bag and place it inside of another red bag before placing it into the facility's dumpster.*
- 5. All persons involved must wash their hands thoroughly before returning to any other activity.*

The Rion's Hope program shall maintain a well-stocked first aid kit in the home at all times. This kit shall contain items that will be used to support any minor injuries and medical emergencies to residents an staff who may experience an injury or require treatment. In addition to the items in the

first aid kit, the Rion's Hope program will keep a regular stock of band-aids, rubbing alcohol and peroxide to ensure that such items in the first aid kit are not depleted. The first aid kit will be monitored regularly for items that may need to be replenished. The first aid kit must accompany staff when residents are taken any road trips; however, the console compartment of the vehicle will also house alcohol pads and band-aids on a regular basis.

ACCEPTABLE

This policy and procedure would be accepted because it:

- *is numbered according to the regulation for easy review by staff,*
- *gives very CLEAR, CONCISE instructions,*
- *identifies who, what, how, where and why of the policy- for all employees, interns, volunteers and residents relative to the universal precautions that will be used should potentially infectious or bodily fluids are exposed.*

**Department of Behavioral Health and Developmental Services
ON-SITE REVIEW PREPARATION CHECKLIST**

Note: A DBHDS License Will Not Be Issued Unless All Items Listed Have Been Completed

Provider Name _____

License Number _____ **Date of Site Visit is scheduled for** _____

☐

1. Staffing Schedule: including staff names, titles/credentials, all required training, and have oriented enough staff to begin service operation, (to include relief staff);

Additional requirements:

☐ Resumes of applicable work experience and education,

☐ Staff training completed in CPR, First Aid, Behavior Intervention, Emergency Preparedness and Infection Control and Medication Management, if applicable.

☐

2. Central Registry (CPS) Contact:

☐ **Betty Whittaker** at 804/726-7567 or

☐ **Kim Davis** at 804/726-7549 for Central Registry Checks (CPS)

Criminal background check and Central Registry (CPS) **results must be received** by the provider prior to scheduling staff to work for **children's residential facilities only**. Contact:

☐ **Angela Pearson** at 804/726-7099 for children's residential only

☐

3. Licensing Policies and Procedures Approved;

☐

4. Human Rights Policies and Procedures Approved;

☐

5. Human Rights Affiliation (LHRC);

☐

6. Proof of Insurance (general liability, professional liability, vehicular liability, & property damage)

☐

7. Adequate Financial Backing for service provided (Updated/current)

☐

8. Personnel: records must be complete and include evidence of completed applications for employment, evidence of required training and orientation, reference checks, and evidence of completed background investigations;

☐

9. Client records, (a sample client record).

☐

10. Ready to demonstrate your knowledge of and ability to implement your service description and policies and procedures, - random questions

☐

11. Certificate of Occupancy;

☐

12. Regulations regarding the physical plant are in compliance;

☐

13. **Availability** of the **Final Policy Manual** (including all policies/forms) that was preliminarily approved. The licensing specialist will determine the final approval of the final policy manual.

CHILDREN'S RESIDENTIAL SERVICE
PHYSICAL ENVIRONMENT REVIEW FORM

FACILITY NAME: _____

DATE OF REVIEW: _____ REVIEWED BY: _____

Regulation:	Description:	Compliance Indicator:
§60.J	The provider's current policy and procedure manual shall be readily accessible to all staff.	
§420.A	All buildings and building related equipment shall be inspected and approved by the local building official. Approval shall be documented by a certificate of occupancy	
§420.B	The facility shall document at the time of its original application evidence of consultation with state or local fire prevention authorities.	
§420.C	The facility shall document annually, after the initial application that the buildings and equipment are maintained in accordance with the Virginia Statewide Fire Prevention Code	
§420.D.1	At the time of the original application and annually thereafter the buildings shall be inspected and approved by state or local health officials, whose inspection and approval shall include: General sanitation	
§420.D.2	The sewage disposal system	
§420.D.3	The water supply	
§420.D.4	Food service operations	
§420.E	The buildings and physical environment shall provide adequate space and shall be of s design that is suitable to house the program and services provided and meet the specialized needs of residents	
§420.F	Building plans and specifications for new construction, change in use of existing buildings and any structural modifications or additions to existing buildings shall be submitted and approved by the lead regulatory agency, and other appropriate regulatory authorities	
§420.G.	Swimming pools shall be inspected annually by state or local health authorities or by a swimming pool company	
§430.A	Heat shall be evenly distributed in all rooms occupied by residents such that a temperature of 68°F is maintained	
§430.B	Natural or mechanical ventilation to the outside shall be provided in all rooms used by residents	
§430.C	Air conditioning or mechanical ventilating systems, such as electric fans, shall be provided in all rooms occupied by residents when the temperature in those rooms exceeds 80°F	
§440.A	Artificial lighting shall be by electricity	
§440.B	All areas within the buildings shall be lighted for safety and the lighting sufficient for the activities being performed	
§440.C	Lighting in halls shall be adequate and shall be continuous at night	
§440.D	Operable flashlights or battery powered lanterns shall be available for each staff member on the premises between dusk and dawn to use in emergencies	

§440.E	Outside entrances and parking areas shall be lighted for protection against injuries and intruders	
§450.A	Plumbing shall be maintained	
§450.B	Adequate supply of hot and cold running water is available at all times	
§450.C	Precautions shall be taken to prevent scalding from running water. Water temperatures maintained between 100°F and 120°F	
§460.A	One toilet, one hand basin, one shower or bathtub in each living unit	
§460.B	At least one bathroom with a bathtub	
§460.C	For facilities licensed BEFORE July 1, 1981, One toilet, one hand basin, one shower or bathtub for every eight residents	
§460.D	There shall be One toilet, one hand basin, one shower or bathtub for every FOUR residents in any building constructed or structurally modified after July 1, 1981; For facilities licensed AFTER December 28, 2007, One toilet, one hand basin, one shower or bathtub for every FOUR residents	
§460.E	The maximum number of staff members on duty in the living unit shall be counted in determining the required number of toilets and hand basins when a separate bathroom is not provided for staff	
§470.A	An adequate supply of personal necessities shall be available to the residents at all times for purposes of personal hygiene and grooming	
§470.B	Clean, individual washcloths and towels shall be in good repair and available once each week and more often if needed	
§470.C.1	When residents are incontinent or not toilet trained: provision shall be made for sponging, diapering or other similar care on a non absorbent changing surface that shall be cleaned with warm soapy water after each use	
§470.C.2	A covered diaper pail, or its equivalent, with leak proof liners shall be used to dispose of diapers. If cloth and disposable diapers are both used there shall be a diaper pail for each	
§470.C.3	Adapter seats and toilet chairs shall be cleaned immediately after each use with appropriate cleaning materials	
§470.C.4	Staff shall thoroughly wash their hands with warm soapy water immediately after assisting a child or themselves with toileting	
§470.C.5	Appropriate privacy, confidentiality and dignity shall be maintained for residents during toileting and diapering	
§480.A	Ages four and over, separate sleeping areas for boys and girls	
§480.B	No more than four residents share a bedroom	
§480.C	Children who use wheelchairs, crutches, canes or other mechanical devices for assistance in walking shall be provided with a planned, personalized means of egress for use in emergencies	
§480.D	Beds 3 feet apart at head, foot and sides; double-decker beds at least five feet apart at head, foot and sides	
§480.E.1	Sleeping areas shall have: 80 square feet for single occupancy	
§480.E.2	60 square feet per person in rooms accommodating more than two residents	
§480.E.3	Ceilings at least 7 ½ feet, exclusive of protrusions, duct work or dormers	
§480.F	Each child a separate clean, comfortable bed equipped with a mattress, pillow, clean blankets, clean bed linens, and if needed, a clean waterproof mattress cover	

§480.G	Bed linens changed at least every 7 days or more often if needed	
§480.H	Mattresses shall be fire retardant as evidenced by documentation from the manufacture except in facilities equipped with an automated sprinkler system	
§480.I	Cribs provided for residents under 2 years of age	
§480.J	Each resident assigned drawer and closet space, or their equivalent, which is accessible to the sleeping area for storage of clothing and personal belongings	
§480.K	Sleeping areas conducive to sleep and rest	
§490	Smoking prohibited	
§500.A.1	Bathrooms not intended for individual use shall have each toilet enclosed for privacy	
§500.A.2	Bathtubs and showers shall provide visual privacy for bathing	
§500.B	Windows in bathrooms, sleeping areas and dressing areas shall provide for privacy	
§500.C	Sleeping areas have doors that may be closed for privacy or quiet; doors shall be readily opened in case of emergency	
§500.D	Residents provided privacy from routine sight supervision by staff of opposite gender while bathing, dressing or conducting toileting activities. This section does not apply to staff performing medical procedures, assisting infants, or staff providing assistance to residents with physical or mental disabilities requiring the need for assistance. These activities are justified in the resident's record	
§510.E	Video and audio monitoring permitted only with approval of the lead regulatory agency; facilities licensed by DBHDS, approval from the Office of Human Rights	
§520.A	Each living unit shall have a living room or other area for informal use. Furnishings shall provide a comfortable home like environment that is appropriate to the age of residents	
§520.B	Shall have indoor recreational space that contains indoor recreational materials appropriate to the ages and interests of residents	
§520.C	Licensed to care for more than 13 residents, shall have indoor recreational space distinct from the living room	
§530A	Serving school aged children, study space provided	
§530.B	Study space well lighted, quiet, and equipped with tables or desks and chairs	
§540.A	Meals served in areas equipped with sturdy tables and benches or chairs that are size and age appropriate	
§540.B	Adequate kitchen facilities and equipment	
§540.C	Walk in refrigerators, freezers and other enclosures equipped with emergency exits	
§550	Appropriate space and equipment in good repair in laundry areas	
§560	Space provided for storage of such items as first aid equipment, household supplies, recreational equipment, luggage, out of season clothing, and other materials	
§570.A	Separate private bedroom for staff and their families when staff are on duty for 24 consecutive hours	
§570.B	Separate private bathroom for staff and their families when staff are on duty for 24 consecutive hours	
§570.C	Staff and their families shall not share bathrooms with residents	

§580	Space provided for administrative activities as appropriate, including confidential conversations and provision for storage of records and other materials	
§590.A	Facilities grounds shall be safe, properly maintained, free of clutter and rubbish	
§590.B	Interior and exterior of all buildings shall be safe, properly maintained, clean and in good working order. This includes, but is not limited to required locks, mechanical devices, indoor and outdoor equipment, and furnishings	
§590.C	Outdoor recreational space shall be available and properly maintained	
§600.A	Furnishings and equipment shall be safe, clean and suitable for the ages and numbers of residents	
§600.B	One continuously operable, nonpay telephone accessible to staff in each building children sleep or participate in programs	
§600.A	Buildings well ventilated and free of stale, musty or foul odors	
§600.B	Adequate provision for the disposal of garbage and waste	
§600.C	Free of flies, roaches, rats and other vermin	
§600.D	Sanitizing agent used in the laundering of bed, bath, table and kitchen linens	
§620.A	Horses and other animals maintained on the premises shall be quartered a reasonable distance from sleeping, eating, living and food preparation areas	
§620.B	Animals maintained on premises shall be tested, inoculated and licensed as required by law	
§620.C	Free of stray domestic animals	
§620.D	Pets provided with clean quarters and adequate food and water	
§800.A	There shall be evidence of a structured program of care	
§800.B	There shall be evidence of a structured daily routine designed to ensure the delivery of the programs services	
§800.C	A daily communication log shall be maintained to inform staff of significant happenings or problems experienced by residents	
§800.D	Health and dental complaints and injuries shall be recorded and include: resident's name; complaint; and affected areas; time of the complaint	
§800.E	The identify of the individual making entry in the daily log shall be recorded	
§840.K	A well stocked first aid kit shall be maintained and readily accessible for minor injuries and medical emergencies	
§850.A	All medications securely locked and labeled	
§850.F	A medication administration record shall be maintained of all medicines received by each resident and shall include:	
§850.F.1	Date prescribed	
§850.F.2	Drug name	
§850.F.3	Schedule of administration	
§850.F.4	Strength	
§850.F.5	Route	
§850.F.6	Identity of individual administering medication	
§850.F.7	Date discontinued or changed	
§850.J	Telephone number of regional poison control center and other emergency numbers shall be posted next to each nonpay telephone	
§850.K	Syringes and other medical implements used for injecting or cutting shall be locked	

§860.B	Menus of actual meals shall be kept on file for six months	
§860.C	Special diets provided when prescribed by a physician and established religious practices of residents	
§860.F	Providers shall ensure that food is available to residents who need to eat breakfast before the fifteen hours have expired	
§880.A	There shall be an emergency telephone number where a staff member may be immediately contacted 24 hours a day	
§910.B	Time out areas shall not be locked	
§910.C	Residents in time out can communicate with staff	
§940.L	Anytime children are present staff must be present who have completed all trainings in behavior intervention	
§970.F	Daily schedule has adequate study time	
§1060.A.1	Transportation provided for or used by children shall comply with local, state and federal laws to include: vehicle safety and maintenance	
§1060.A.2	Licensure of vehicles	
§1060.A.3	Licensure of drivers	
§1110.A.5	Provider shall have supporting documents that would be needed in an emergency including emergency call lists, building and site maps necessary to cut off utilities, designated escape routes, and list of major resources such as local emergency shelters	
§1110.A.6	Schedule for testing the implementation of the emergency plan and conducting drills	
§1110.C	The provider shall document annual review of the ER preparedness plan	
§1110.G	Floor plans showing primary and secondary egress shall be posted in locations easily seen by residents and staff	
§1110.H	Procedures and responsibilities reflected in the ER plan communicated to all residents within 7 days of admission	
§1110.I	At least one evacuation drill each month	
§1110.J.1	Evacuation drills shall include: sounding of ER alarms	
§1110.J.2	Practice in evacuating the building	
§1110.J.3	Practice in alerting authorities	
§1110.J.4	Simulated use of ER equipment	
§1110.J.5	Practice in securing resident emergency medical information	
§1110.K	During any three consecutive months one drill on each shift	
§1110.L.1	Record shall be maintained of each drill and shall include: building where conducted	
§1110.L.2	Date and time	
§1110.L.3	Amount of time to evacuate	
§1110.L.4	Specific problems encountered	
§1110.L.5	Staff tasks completed including	
§1110.L.5.a	Head count	
§1110.L.5.b	Practice in notifying authorities	
§1110.L.6	The name of the staff member responsible for conducting and documenting the drill	
§1110.M	Record of each drill maintained for three years	

DBHDS-CHILDREN'S RESIDENTIAL SERVICE

INDIVIDUAL RECORD REVIEW FORM

FACILITY NAME: _____ DATE: _____

REVIEWED BY: _____ NUMBER OF RESIDENT'S: _____

OF CURRENT RESIDENT RECORDS REVIEWED: _____ # NUMBER OF FORMER RESIDENT RECORDS REVIEWED: _____

Standard	RESIDENT RECORDS	R1	R2	R3	R4	R5	R6	R7
§625	Children shall only be accepted by court order or a signed placement agreement							
§640.B	Facility shall accept and serve only those children whose needs are compatible with the services provided							
§660.A	A separate written or automated case record shall be maintained for each resident. A separate health record may be maintained on each resident							
§660.B	Each case record and health record shall be kept up to date and in a uniform manner							
§660.F	Each resident's written case and health records shall be stored separately subsequent to the resident's discharge							
§660.G	Written and automated records shall be stored in their entirety for a minimum of three years after discharge							
§660.H	Face sheet maintained permanently							
§680.A	Documentation of prior approval of the administrator of the Virginia Interstate compact shall be retained in the record of each resident admitted from outside the state of Virginia							
§680.B	Documentation that the provider has sent copies of all serious incident reports regarding any child placed through the Interstate Compact to the Administrator of the Virginia Interstate Compact, shall be kept in the record							
§680.C	No later than five days after a resident has been transferred to another facility operated by the same sponsor, the record shall contain documentation that the Administrator of the Virginia Interstate Compact was notified in writing of the transfer							
§710.A	Admission shall be based on evaluation of an application for admission							

§710.B.1	Application for admission addresses the educational needs of the resident							
§710.B.2	The mental health, emotional & psychological needs of the resident							
§710.B.3	The physical health needs, including immunization needs							
§710.B.4	The protection needs of the resident							
§710.B.5	The suitability of the resident's admission							
§710.B.5	The behavioral support needs of the resident							
§710.B.6	Information necessary to develop a service plan							
§710.B.7	Family history and relationships							
§710.B.8	Social and developmental history							
§710.B.9	Current behavioral functioning and social competence							
§710.B.10	History of previous treatments for MH, MR, SA, Brain injury and behavioral problems							
§710.B.11.a	History of prescription, nonprescription, & illicit drugs taken over the six months prior to admission							
§710.B.11.b	Drug allergies, unusual & other adverse drug reactions and ineffective medications							
§710.B.11.c	Information necessary to develop an ISP and a behavior support plan							
§710.C	Resident's record contain a completed assessment at time of routine admission or 30 days after emergency admission							
§710.D.1	P & Ps to assess prospective resident can be addressed by facility's services							
§710.D.2	P & Ps to address facility staff are trained to meet prospective resident's needs							
§710.D.3	P & Ps to address admission of the prospective resident would not pose any significant risk to prospective resident, other residents, or staff							
§720	Children shall only be accepted by court order or a signed placement agreement							
§720.A.1	The placement agreement authorizes the resident's placement							
§720.A.2	Addresses the acquisition of and consent for any needed medical treatment							
§720.A.3	The rights and responsibilities of each party							
§720.A.4	Addresses financial responsibility							
§720.A.5	Addresses the educational plan for the resident							
§720.B	Each resident's record shall contain, prior to a routine admission, a completed placement agreement signed by the facility representative, legal guardian and placing agency							
§720.C	The record of each person admitted based upon court order shall contain a copy of the court order							
§730.A	At the time of admission each resident's record shall contain a face sheet that contains (i) resident's full name, last known residence, birth date, birth place, gender, race, social security number or other unique identifier, religious preference, admission date and (ii) names, addresses and telephone numbers of legal guardians, placing agency, emergency contacts, and parents, if appropriate							
§730.B	Information shall be updated when changes occur							

§730.C	Face sheet for pregnant teens shall include expected delivery date and name of the hospital to provide delivery services							
§730.D	The face sheet of resident's transferred to facilities operated by the same sponsor shall include the address and dates of placement and transfer at each location							
§730.E.1	At the time of discharge the following information shall be added to the face sheet: Date of discharge							
§730.E.2	Reason for discharge							
§730.E.4	Names and addresses of persons the resident was discharged to							
§730.E.4	Forwarding address of resident, if known							
§740	Within three days following admission, individualized, measurable objectives and strategies for the first 30 days shall be developed. These shall be based on the reasons for the resident admission							
§750.A	An individualized service plan shall be developed and placed in the resident's record within 30 days following admission and implemented immediately thereafter							
§750.B.1	ISP's shall describe in measurable terms the: strengths and needs of the resident							
§750.B.2	Resident's current level of functioning							
§750.B.3	Goals, objectives and strategies established for the resident							
§750.B.4	Projected family involvement							
§750.B.5	Projected date for accomplishing each objective							
§750.B.6	Status of discharge planning and estimated length of stay							
§750.C	The initial ISP shall be reviewed within 60 days of the initial plan and each 90 day period thereafter and revised as necessary							
§750.E.1	There shall be a documented quarterly review of each resident's progress 60 days following the initial ISP and within each 90 day period thereafter. The report shall contain: The resident's progress toward meeting the plans objectives							
§750.E.2	Family involvement							
§750.E.3	Continuing needs							
§750.E.4	Resident's progress toward discharge							
§750.E.5	Status of discharge planning							
§750.F	Each plan and quarterly update shall include the date it was developed and the signature of the person who developed it							
§750.H.1	There shall be documentation showing the involvement of the following parties in developing and updating the ISP and quarterly progress reports: The resident							
§750.H.2	The resident's family, if appropriate, and legal guardian							
§750.H.3	The placing agency							
§750.H.4	Facility staff							

§750.I	The initial ISP and all quarterly progress reports shall be distributed to the resident, resident's family, legal guardian, placing agency and appropriate facility staff							
§760.A.1	Except when transfer is ordered by the court, the receiving facility shall document at the time of transfer: preparation through sharing information with the resident, resident's family and placing agency about the facility, staff, population served, activities and criteria for admission							
§760.A.2	Notification to the family, if appropriate, the resident, the placing agency and legal guardian							
§760.A.3	Receipt from the sending facility of a written summary of the resident's progress, justification for the transfer, and the resident's strengths and needs							
§760.A.4	Receipt of the resident's record							
§765.C	The record of each resident discharged upon receipt of a court order shall contain a copy of the court order							
§765.G.1	Unless discharge is ordered by the court, prior to the planned discharge date, each resident's record will contain: Documentation that the discharge was planned and discussed with the parent, legal guardian, placing agency and resident,							
§765.G.2	A written discharge plan							
§765.H.1	No later than 30 days after discharge a comprehensive discharge summary shall be placed in the resident's record and sent to the placing agency making the placement.							
§765.H.1.a	The summary shall include: Services provided to the resident							
§765.H.1.b	Resident's progress in meeting service plan objectives							
§765.H.1.c	Resident's continuing needs and recommendations for further services							
§765.H.1.d	Reasons for discharge and names of person discharged to							
§765.H.1.e	Dates of admission and discharge							
§765.H.1.f	Date the discharge summary was prepared and the signature of who prepared it							
§780.B	The provision of Case Management Services shall be documented in the resident's record							
§800.D	Health and dental complaints and injuries shall be recorded and shall include: the resident's name, complaint, and affected area and (ii) time of the complaint							
§810.B.1	The following written information concerning each resident shall be readily accessible to staff who may have to respond to a medical or dental emergency: The Name, address and phone number of the physician to be notified							
§810.B.2	The Name, address and phone number of a relative or other person to be notified							
§810.B.3	Medical insurance company name and policy number							
§810.B.4.a	Information concerning: Use of medications							
§810.B.4.b	All allergies, including medication allergies							
§810.B.4.c	Substance abuse and use							
§810.B.4.d	Significant past and present medical problems							
§810.B.5	Written permission for emergency medical care, dental care and obtaining immunizations							

§840.A	Physical examination no earlier than 90 days prior to admission or 7 days following admission, except that if a child transfers from one licensed facility to another within the previous 12 months shall be acceptable. A physical examination shall be required, if none is available for each emergency admission, within 30 days							
§840.B	Within 7 days of placement each resident shall have had a screening assessment for TB as evidenced by completion of a screening form, containing at a minimum the current screening form published by the Department of Health. The screening assessment can be no older than 30 days							
§840.C	A screening assessment for TB shall be completed annually as evidenced by completion of a screening form, containing at a minimum the current screening form published by the Department of Health							
§840.D	Each resident's health record shall include documentation of (i) the initial physical examination (ii) an annual physical examination, by or under the direction of a licensed physician, including recommendations for follow-up care (iii) documentation of the provision of follow-up medical care recommended by the physician or as indicated by the needs of the resident							
§840.E.1.a	Each physical examination report shall include: Information necessary to determine the health and immunization needs of the resident, including immunizations administered at the time of the exam							
§840.E.1.b	Vision exam							
§840.E.1.c	Hearing exam							
§840.E.1.d	General physical condition, including documentation of apparent freedom from communicable disease, including TB							
§840.E.1.e	Allergies, chronic conditions, handicaps							
§840.E.1.f	Nutritional requirements, including special diets							
§840.E.1.g	Restrictions on physical activities, if any							
§840.E.1.h	Recommendations for further treatment, immunizations or other examinations indicated							
§840.E.2	Date of the physical examination							
§840.E.3	Signature of a licensed physician, the physician's designee or an official from the health department							
§840.G	Each resident's health record shall include written documentation of (i) an annual examination by a licensed dentist and (ii) documentation of follow-up dental care recommended by the dentist or indicated by the needs of the resident.							
§840.H	Each resident's health record shall include notations of health and dental complaints and injuries and shall summarize symptoms and treatment given							
§840.I	Each resident's health record shall include or document the facilities efforts to obtain, treatment summaries of ongoing psychiatric or other mental health treatment and reports, if applicable							
§850.E	Medication prescribed by a person authorized by law shall be administered as prescribed							

§850.F.1	A medication administration record shall be maintained of all medicines received by each resident and shall include: The date the medication was prescribed							
§850.F.2	Drug name							
§850.F.3	Schedule for administration							
§850.F.4	Strength							
§850.F.5	Route							
§850.F.6	Identity of the individual who administered the medication							
§850.F.7	Dates the medication was discontinued or changed							
§850.H	Medication refusals shall be documented including actions taken by staff							
§900.A.1	Within 30 days of admission the provider shall develop and implement a written behavior support plan that allows the resident to self-manage their behaviors. Each individualized plan shall include: Identification of positive and problem behaviors							
§900.A.2	Identification of triggers for behaviors							
§900.A.3	Identification for successful intervention strategies for problem behavior							
§900.A.4	Techniques for managing anger and anxiety							
§900.A.5	Identification of interventions that may escalate inappropriate behavior							
§900.B.1	Individualized behavior support plans shall be developed in consultation with: The resident							
§900.B.2	Legal guardian							
§900.B.3	Resident's parents, if applicable							
§900.B.4	Program director							
§900.B.5	Placing agency staff							
§900.B.6	Other applicable individuals							
§910.D	Time Out: Staff shall check on the resident in time out at least every fifteen minutes, or more depending upon the resident's disability, condition and behavior							
§910.E	Use of timeout and staff checks on residents shall be documented							
§940.E	All physical restraints shall be reviewed and evaluated to plan for continued staff development for performance improvement							
§940.I.1	Each application of physical restraint shall be fully documented in the resident's record including: Date							
§940.L.2	Time							
§940.L.3	Staff involved							
§940.L.4	Justification for the restraint							
§940.L.5	Less restrictive measures that were unsuccessfully tried prior to using physical restraint							
§940.L.6	Duration							
§940.L.7	Description of method or methods used							
§940.L.8	Signature of person completing the report and date							

§940.L.9	Reviewers signature and date							
§970.A	Each resident of compulsory school attendance shall be enrolled in an appropriate educational program within school business days							
§970.D	When a child with a disability has been placed in a residential facility the facility shall contact the division superintendent of the resident's home locality. Documentation of this contact shall be kept in the resident's record							
§990.D	All overnight out of state or out of country recreational trips require written permission from each resident's legal guardian. Documentation of the written permission shall be kept in the resident's record							
§1000.A	Opportunities shall be provided for residents to participate in activities and utilize resources in the community							
§1010.A	Provision shall be made for each resident to have an adequate supply of clean, comfortable, and well-fitting clothes and shoes for indoor and outdoor wear							
§1010.C	Residents shall have the opportunity to participate in the selection of their clothing							
§1020.A	The provider shall provide opportunities appropriate to the ages and developmental levels of residents for learning the value and use of money							
§1020.D	A resident's funds, including allowances or earnings, shall be used for the resident's benefit							
§1030.A	Assignment of chores, that are paid or unpaid work assignments shall be in accordance with the age, health, ability and service plan of the resident							
§1070.A	Any serious incident, accident or injury to the resident, any overnight absence from the facility without permission, any runaway and any other unexplained absence from the facility shall be reported within 24 hours to (i) placing agency (ii) parent or legal guardian (iii) noted in the resident's record							
§1070.B.1	The provider shall document the following: the date and time the incident occurred							
§1070.B.2	A brief description of the incident							
§1070.B.3	The action taken as a result of the incident							
§1070.B.4	The name of the person who completed the report							
§1070.B.5	The name of the person who made the report to the placing agency and to the parents and/or legal guardian							
§1070.B.6	The name of the person to whom the report was made							
§1070.C	The provider shall notify the regulatory authority within 24 hours of any serious injury or death of a resident, and all other situations required by regulatory authority. Such reports shall include:							
§1070.C.1	The provider shall document the following: the date and time the incident occurred							
§1070.C.2	A brief description of the incident							
§1070.C.3	The action taken as a result of the incident							
§1070.C.4	The name of the person who completed the report							

§1070.C.5	The name of the person who made the report to the placing agency and to the parents and/or legal guardian							
§1070.C.6	The name of the person to whom the report was made							
§1080.B	Any case of suspected child abuse or neglect shall be reported to the local CPS unit							
§1080.D.1	When a case of suspected child abuse or neglect is reported to CPS, the resident's record shall include: The date and time the suspected abuse or neglect occurred							
§1080.D.2	A description of the suspected abuse or neglect							
§1080.D.3	Action taken as a result of the suspected abuse or neglect							
§1080.D.4	The name of the person to whom the report was made at the local CPS							
INDEPENDENT LIVING PROGRAMS								
§1120.B	Within 14 days of placement the provider must complete an assessment, including strengths and needs, of the resident's life skills using an independent living assessment tool approved by the regulatory authority. The assessment must cover the following areas:							
§1120.B.1	Money management and consumer awareness							
§1120.B.2	Food management							
§1120.B.3	Personal appearance							
§1120.B.4	Social skills							
§1120.B.5	Health/sexuality							
§1120.B.6	Housekeeping							
§1120.B.7	Transportation							
§1120.B.8	Educational planning/career planning							
§1120.B.9	Job seeking skills							
§1120.B.10	Job maintenance skills							
§1120.B.11	Emergency and safety skills							
§1120.B.12	Knowledge of community resources							
§1120.B.13	Interpersonal skills/social relationships							
§1120.B.14	Legal skills							
§1120.B.15	Leisure activities							
§1120.B.16	Housing							
§1120.C	The resident's ISP shall include in addition to the requirements found in 12 VAC35-46-740, goals, objectives and strategies addressing each of the following areas, as applicable							
§1120.C.1	Money management and consumer awareness							
§1120.C.2	Food management							
§1120.C.3	Personal appearance							
§1120.C.4	Social skills							
§1120.C.5	Health/sexuality							

§1120.C.6	Housekeeping							
§1120.C.7	Transportation							
§1120.C.8	Educational planning/career planning							
§1120.C.9	Job seeking skills							
§1120.C.10	Job maintenance skills							
§1120.C.11	Emergency and safety skills							
§1120.C.12	Knowledge of community resources							
§1120.C.13	Interpersonal skills/social relationships							
§1120.B.14	Legal skills							
§1120.B.15	Leisure activities							
§1120.B.16	Housing							

CHILDREN'S RESIDENTIAL SERVICE
STAFF RECORD REVIEW FORM

CHILDREN FACILITY NAME: _____ DATE: _____

REVIEWED BY: _____ NUMBER OF STAFF: _____

OF CURRENT RECORDS REVIEWED: _____ NUMBER OF FORMER STAFF RECORDS REVIEWED: _____

STANDARD	Brief Description	S1	S2	S3	S4	S5	S6	S7
§250.B.1	At time of hire OR residency at a facility each individual shall submit the results (elements of VDOH form) of a screening assessment, documenting the absence of communicable TB. Results no older than 30 days.							
§250.B.2	Annual results of a screening assessment, documenting the absence of communicable TB (elements of VDOH form).							
§250.C.2	Individual with chronic respiratory symptoms of three weeks duration shall be immediately evaluated for infectious TB							
§250.D	Individual suspected of having TB shall not be permitted to return to work or have contact with staff or residents until a physician has determined they are free of infectious TB							
§270.B.1	A person who assumes or is designated to assume the responsibilities of a position or any combination of positions shall, AFTER December 28, 2007: Meet the qualifications of the position(s) assumed							
§270.C	Professionally qualified personnel providing services or consultations on contractual basis							
§300.A	Separate up-to-date personnel record for each employee, student/intern, contractor or volunteer							

STANDARD	Brief Description	S1	S2	S3	S4	S5	S6	S7
§300.B.	Each employee record will include:							
§300.B.1	Completed application or other written material providing name, address, phone number, and SSN <u>OR</u> other unique identifier							
§300.B.2	Educational background & employment history							
§300.B.3	Written references or notations of oral references							
§300.B.4	Reports of required health examinations							
§300.B.5	Annual performance evaluations							
§300.B.6	Dates of employment for each position held & separation							
§300.B.7 Documentation of compliance with Va laws regarding child protective services and criminal history background investigations. <u>CPS</u> - (results received prior to working <u>alone</u> with children) <u>FBI</u> - (results received prior to work with children) <u>Written Disclosure Statement</u> (signed prior to work with children)		<u>FBI</u>	<u>FBI</u>	<u>FBI</u>	<u>FBI</u>	<u>FBI</u>	<u>FBI</u>	<u>FBI</u>
		<u>CPS</u>	<u>CPS</u>	<u>CPS</u>	<u>CPS</u>	<u>CPS</u>	<u>CPS</u>	<u>CPS</u>
		<u>Disclos ure</u>	<u>Disclosure</u>	<u>Disclosure</u>	<u>Disclosure</u>	<u>Disclosure</u>	<u>Disclosure</u>	<u>Disclosure</u>
§300.B.8	Documentation of educational degrees or professional certification/licensure							
§300.B.9	Documentation of all regulation required training AND other training received							
§300.B (cont)	Each employee record will include:							
§300.B.10	A current job description							
§310.A	Required Initial training							

STANDARD	Brief Description	S1	S2	S3	S4	S5	S6	S7
§310.A.1	Within 7 days following their begin date each staff member responsible for the supervision of children receives: basic orientation to the facilities behavioral intervention policies, less restrictive intervention techniques and procedures, timeout and physical restraint							
§310.A.2	Within 14 days following their begin date, or before an individual is alone supervising children, the provider shall conduct emergency preparedness and response training that shall include:							
§310.A.2.a	Alerting emergency personnel and sounding alarms							
§310.A.2.b	Implementing evacuation procedures							
§310.A.2.c	Using & maintaining and operating emergency equipment							
§310.A.2.d	Accessing resident's emergency information including medical information							
§310.A.2.e	Utilizing community support services							
§310.A.3	Within 14 days following their begin date, new employees, employees transferring from other facilities operated by the same provider, relief staff, volunteers, and student/interns shall be given orientation and training regarding:							
§310.A.3.a	The objectives of the facility							
§310.A.3.b	Practices of confidentiality							
§310.A.3.c	The decision making plan							
§310.A.3.d	The Interdepartmental Standards, including prohibited actions							
§310.A.3.e	Other policies and procedures applicable to their position, duties and responsibilities							
§310.A.4	Within 30 days following their begin date all staff working with residents shall be enrolled (unless currently certified) in a * standard first aid and * CPR class							

STANDARD	Brief Description	S1	S2	S3	S4	S5	S6	S7
§310.A.5	Within 30 days of their begin date all staff working with residents shall be trained in: * child abuse and neglect, * mandatory reporting, * Maintaining professional relationships and interaction among staff and residents and * suicide prevention.							
§310.A.6	Within 30 days of their begin date all staff shall be trained on the facility's P&P regarding standard precautions							
§310.A.7	Within 30 days of their begin date all staff shall be trained on: * appropriate siting of CRFs * good neighbor policies and * community relations							
§310.A.8	Before they can administer medication all staff responsible for medication administration shall have successfully completed a medication administration program approved by the Board of Nursing or be VA licensed to administer medications							
§310.A.9	All staff shall be trained in any area of quality improvement as identified from the results of the QA plan							
§310.B	Required annual re-training							
§310.B.1	All employees, contractors, student/interns, and volunteers shall complete an annual refresher emergency preparedness and response training that shall include:							
§310.B.1.a	Alerting emergency personnel and sounding alarms							
§310.B.1.b	Implementing evacuation procedures							
§310.B.1.c	Using, maintaining and operating emergency equipment							

STANDARD	Brief Description	S1	S2	S3	S4	S5	S6	S7
§310.B.1.d	Accessing resident emergency information including medical information							
§310.B.1.e	Utilizing community support services							
§310.B.2	All staff who administer medication shall complete an annual refresher course							
§310.B.3	All child care staff shall receive annual retraining on the providers behavior intervention and timeout policies and procedures							
§310.B.4	All child care staff shall receive annual retraining in: * child abuse and neglect, * mandatory reporting, * maintaining professional relationships and interaction among staff and residents and * suicide prevention							
§310.B.5	All staff shall receive annual retraining on the provider's policies regarding standard precautions							
§310.C	Each Full time staff person <u>who works with residents</u> shall complete an additional 15 hours of annual training applicable to their job duties.							
§320.3	Documentation of staff supervision consistent with the provider's policies							
§340.C	CAO shall submit the following:							
§340.C.1	Official transcripts by college or university attended within 30 days of date of hire, and							
§340.C.2	Documentation of prior relevant experience							
§350.E	Program Director shall submit:							
§350.E.1	Official transcripts by college or university attended within 30 days of date of hire, and							
§350.E.2	Documentation of prior relevant experience							
§380.D	An individual hired, promoted, demoted, or transferred to a child care workers position shall be at least 21 years old except as provided for in 12 VAC 35-46-270.A							

STANDARD	Brief Description	S1	S2	S3	S4	S5	S6	S7
§400.D	Volunteers and students shall have the qualifications appropriate to the services they provide							
§630.D	Each facility shall provide documentation showing proof of contractual agreements or staff expertise to provide educational services, counseling services, psychological services, medical services, or any other services needed to serve the residents.							
§810.B	All staff responsible for medication shall have successfully completed a medication training program approved by the Board of Nursing							
§810.C	Staff authorized to administer medication shall be informed of any known side effects of the medication and symptoms of the effects							
§ 1080.B.2	Wilderness and adventure activities- Trip coordinator's staff record shall document: * his experience in and knowledge and regarding wilderness activities AND * training in wilderness first aid *one year experience at the facility							
§1080.H	Wilderness and adventure activities- direct care workers that take residents on wilderness/adventure activities shall be trained in a wilderness first aid course.-							

Corrective Action Plan (Sample)

DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES CORRECTIVE ACTION PLAN

Investigation ID:
License #: **XXX-XX-XXX**
Organization Name:

Date of Inspection:
Program Type/Facility Name: **Residential Facility**

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
590 & 600: Residential Environment	N	Both bathtubs are either, in need of a thorough cleaning or replacement. The appearance of the tubs does not meet the requirement of being well-maintained. The sink in the up stairs bathroom has an area of damage, the light fixture has uncovered bulbs, and the mirrors have areas of damage.	The bathtubs have been thoroughly cleaned. A maintenance request was submitted 04/04/09 regarding the bathroom sink, the uncovered bulbs in the bathroom, and the damaged mirror. Cleanliness of bathtubs will be added to the weekly facility review/monitoring list completed by the Program Director. ACCEPTED.	4/30/2010

General Comments / Recommendations:

I understand it is my right to request a conference with the reviewer and the reviewer's supervisor should I desire further discussion of these findings. By my signature on the Corrective Action Plan, I pledge that the actions to be taken will be completed as identified by the date indicated.

_____, Specialist

(Signature of Organization Representative)

Date

Mail to: P O Box 1797
Richmond, VA 23218

Due Date:

C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined

REPORT OF SANITATION INSPECTION
DBHDS RESIDENTIAL FACILITIES

TELEPHONE: (804) 786-1747

DEPARTMENT BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

Name of Facility: _____ Licensed Capacity: _____

Name of Operator: _____ Address: _____

Building(s) Inspected (Please List): _____

I. General Sanitation

A. Approved by Health Department: _____ Yes _____ No

B. Describe Violations: _____

C. Time given to correct violations: _____

II. Sewage Disposal System _____ Public _____ Non-Public

A. Owned by: _____

B. Approved by Health Department: _____ Yes _____ No

III. Water Supply _____ Public _____ Non-Public

A. Owned by: _____

B. Approved by Health Department: _____ Yes _____ No

IV. Swimming Pool

A. Pool meets Health Department guidelines or local swimming pool ordinance, where applicable:
_____ Yes _____ No _____ No Pool

(Attach a copy of Swimming Pool Inspection Report Form LHS-182 or equivalent)

V. Food Service Operations

Apply The Rules and Regulations of the Board of Health Governing Restaurants

A. Type of Semi-public Restaurant Operated by Residential Facility:

_____ Semi-public restaurant serving 13 or more recipients of service

_____ Semi-public restaurant serving 12 or less recipients of service

B. Approved by Health Department: _____ Yes _____ No

C. Describe Violations: _____

D. Time given to correct violations _____

(Attach a copy of Food Service Inspection Report Form CHS-152)

VI. Summary

A. Specify any additional health hazards observed: _____

B. Time given to correct hazards: _____

C. Do you plan a follow-up inspection to verify correction of the above violation(s): _____

If yes, anticipated date _____

(Signature of Local Health Director or Designee)

(Mailing Address of Sanitarian)

(Signature of Facility Representative)

(Date of Inspection)

(Telephone Number of Sanitarian)

REGULATORY AGENCY COPY

REPORT TO OFFICE OF LICENSING or OFFICE OF HUMAN RIGHTS
SERIOUS INCIDENT/INJURY OR DEATH IN A LICENSED PROGRAM
WITHIN 24 HOURS OF THE SERIOUS INCIDENT or DEATH

NOTE: All Serious Injuries and Deaths must be reported via CHRIS System (from the DBHDS website-
www.dbhds.virginia.gov) to the Office of Licensing or to the Office Human Rights within 24 hours.

Organization _____

Service name, where death/incident occurred: _____ Service number _____

Location Address: _____ City _____ State _____ Zip _____

Consumer Name: (First, MI, Last) _____ Date of Birth ____/____/____

Ethnicity/Race: _____ Gender: _____ Medicaid#: _____

Date of death/incident ____/____/____ Date of Discovery of death/incident ____/____/____ Time of incident: ____ am ____ pm

Waiver Service Recipient? ☐ Yes ☐ No

Waiver Type: ☐ ID Wavier ☐ Day Support ☐ DD Wavier ☐ EDCD Wavier ☐ MH Adolescent & Children ☐ Other

REPORTABLE DEATH- Death that occurs during the time an individual is receiving services in the program.

REPORTABLE SERIOUS INCIDENT/INJURY- includes body injury, state, condition, episode or loss of consciousness requiring medical attention (internally or externally) by a licensed physician, doctor of osteopathic medicine, physician assistant, EMTs, or nurse practitioner while the individual is supervised by or involved in services.

Complete for serious INJURIES only (check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Adverse Reaction | <input type="checkbox"/> Contusion/Hematoma | <input type="checkbox"/> Sprain |
| <input type="checkbox"/> Abrasion/Cut/Scratch | <input type="checkbox"/> Dislocation/ Fracture | <input type="checkbox"/> Redness/Swelling |
| <input type="checkbox"/> Burn | <input type="checkbox"/> Laceration | <input type="checkbox"/> Bite <input type="checkbox"/> Other _____ |

Complete for serious INCIDENTS only (check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Assault by client | <input type="checkbox"/> Ingestion of Substance | <input type="checkbox"/> Sexual Misconduct |
| <input type="checkbox"/> Assault by staff | <input type="checkbox"/> Medication Error | <input type="checkbox"/> Overdose |
| <input type="checkbox"/> Choking | <input type="checkbox"/> MRSA/Infection | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Elopement/Runaway | <input type="checkbox"/> Overnight absence without permission | <input type="checkbox"/> Suicidal Ideation |
| <input type="checkbox"/> Heart Attack | <input type="checkbox"/> Possession of weapon | <input type="checkbox"/> Suicidal Attempt |
| <input type="checkbox"/> Homicidal Ideation | <input type="checkbox"/> Seizure/Convulsion | <input type="checkbox"/> Other _____ |

COMPLETE FOR SERIOUS INJURIES and INCIDENTS

Did this injury or incident involve loss of consciousness? ☐ Yes ☐ No

Medical Attention Provided? ☐ Yes ☐ No Date: ____/____/____ Time ____ am ____ pm

Medical Attention Type: ☐ Emergency ☐ Non-Emergency

Description of Medical Treatment Provided & Finding: _____

Complete for DEATHS only (check all that apply)

☐ Accidental ☐ Homicide ☐ Natural ☐ Suicide ☐ Undetermined

COMPLETE FOR DEATHS ONLY

Was the death ☐ Expected? ☐ Unexpected?

Referred to Medical Examiner? ☐ Yes ☐ No

Is autopsy to be performed? ☐ Yes ☐ No If yes, status _____

Cause (from death certificate) _____

State other known facts regarding incident or death (attach additional notes, if necessary):

Did the incident involve? (Check all that apply)

☐ Abuse Allegation?

☐ Neglect Allegation?

If abuse checked, select CHRIS Abuse # _____

If neglect checked, select CHRIS Neglect # _____

☐ Seclusion? ☐ Restraint? ☐ Self-injurious Behavior?

☐ Unexplained?

☐ Other? _____

Was an internal investigation initiated? ☐ Yes ☐ No If yes, indicate date begun: ____/____/____

External notifications made (check all that apply):

☐ DSS

☐ Local Law Enforcement Agency

☐ State Police

☐ Dept. of Health Professions

☐ Dept. of Health

☐ Other (please specify): _____

Provider's Corrective Actions (Check all that apply)

☐ Reinforce policy and procedure

☐ Train individual staff

☐ Train all staff

☐ Increase staffing

☐ Increase supervision (change patterns of supervision)

☐ Appropriate notification to Office of Licensing made

☐ Individual(s) were moved

☐ Environmental modification

☐ Support plan modification

☐ Improve QA

☐ Appropriate staff action taken

☐ Supervisory/Administrative staff change/action

Service Staff Name/Title: _____ **Date of Completion:** _____

Licensing Specialist Section

Action (dropdown list/select one):

Action Date: _____

☐ Met with individual

☐ Consulted with provider

☐ Reviewed individual record

☐ Reviewed provider investigation report

☐ Agreed with provider's corrective action

☐ Sent memo to provider

☐ Conducted independent investigation

☐ Participated in investigation

☐ Monitored investigation

☐ Recommended resolution

☐ Notified individual/family member

☐ Notified CSB/Licensed program

☐ Notified other, (i.e. law enforcement, DSS, etc.)

☐ Notified client of investigation findings

☐ Referred to the Office of Human Rights

☐ Sent Citation of Violation to the Provider

☐ Other _____

☐ OK to close case

Remarks: The licensing specialist may enter as many action records as needed to document a case. There must be at least one action record entered before a case can be closed.

Licensing Specialist: _____ **Date Case Closed:** _____

Mail/Fax this form to your Licensing Specialist only if you are not able to report the incident via the CHRIS system.

REPORT OF TUBERCULOSIS SCREENING

DATE _____

Name _____ Date of Birth _____

TO WHOM IT MAY CONCERN:

The above named individual has been evaluated by _____.
(Name of health dept/facility)

_____ A tuberculin skin test (PPD) is not indicated at this time due to the absence of symptoms suggestive of active tuberculosis, risk factors for developing active TB or known recent contact exposure.

_____ The individual has a history of a positive tuberculin skin test (latent TB infection). Follow-up chest x-ray is not indicated at this time due to the absence of symptoms suggestive of active tuberculosis.

_____ The individual either is currently receiving or has completed adequate medication for a positive tuberculin skin test (latent TB infection) and a chest x-ray is not indicated at this time. The individual has no symptoms suggestive of active tuberculosis disease.

_____ The individual had a chest x-ray on _____ that showed no evidence of active tuberculosis. As a result of this chest x-ray and the absence of symptoms suggestive of active tuberculosis disease, a repeat film is not indicated at this time.

Based on the available information, the individual can be considered free of tuberculosis in a communicable form.

Signature _____
(MD or Health Department Official)

Date _____

Address _____

Phone _____

REPORT OF TUBERCULOSIS SCREENING

DATE _____

Name _____

Date of Birth _____

TO WHOM IT MAY CONCERN:

The above named individual has been evaluated by _____.
(Name of health dept/facility)

Tuberculin Skin Test (PPD)

Date given _____ Date read _____

Results : _____ mm _____ Negative _____ Positive

Chest X-ray Report – No active disease

Date of Chest x-ray _____

_____ No evidence of active tuberculosis

The individual listed above has no symptoms or radiographic findings compatible with active tuberculosis. The individual is free of tuberculosis in a communicable form.

Signature _____ Date _____
(MD or Health Department Official)

Address _____ Phone _____

Chest X-ray Report – Abnormal Report

Date of Chest x-ray _____

_____ Chest x-ray abnormal, active tuberculosis to be ruled out

Active tuberculosis cannot be ruled out in the individual listed above. The individual should be referred to a physician or health department for further evaluation.

Signature _____ Date _____
(MD or Health Department Official)

Address _____ Phone _____



Department of Behavioral Health and Developmental Disabilities
Office of Human Rights

HUMAN RIGHTS COMPLIANCE VERIFICATION

Name of Provider

Address

Address of program if different from provider's address

Director's name

Phone number

Email address

Please check the status that applies to you:

- ☐ New applicant seeking DBHDS license
- ☐ Licensed provider seeking program modification of a new service at same location
- ☐ Licensed provider seeking program modification of a same service in same region, but new location
- ☐ Licensed provider seeking program modification in new region

Type of service

Name of your Licensing Specialist, if one has been assigned

Please complete the name of provider and Director's name in each section below:

(Director's name) _____ verifies that (Name of provider) _____
is in full compliance with the *Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers Licensed, Funded and Operated by the Department of Behavioral Health and Developmental Services (DBHDS)*.

(Name of provider) _____ has a mission statement/value and other documents
that promote the policy (12 VAC 35-115-20) of the human rights regulations

(Name of provider) _____ has policies and procedures written in full compliance
with each of the following sections of the regulations.

12 VAC 35-115-50-Dignity

12 VAC 35-115-60-Services

12 VAC 35-115-70 Participation in Decision Making
12 VAC 35-115-80 Confidentiality
12 VAC 35-115-90 Access to and amendment of services record

(Name of provider) _____ has documents and notices in compliance with 12 VAC 35-115-40-Assurances.

(Name of provider) _____ has practices and policies that promote the freedoms of everyday life as found in 12 VAC 35-115-100.

The provider does or does not (circle one) have Program Rules.

(Name of provider) _____ shall submit Program Rules to the human rights advocate for review and to the local human rights committee for review and approval prior to implementation.

(Name of provider) _____ will or will not use seclusion, restraint and time out.

☐ If yes, (Name of provider) _____ has a policy written in accordance with 12 VAC 35-115-110 for the use of such interventions.

(Name of Director) _____ shall submit the seclusion, restraint and time out policies to the human rights advocate and local human rights committee for review and comment prior to implementation.

(Name of provider) _____ has a policy for behavioral management written in accordance with 12 VAC 35-115-110.

(Name of provider) _____ has a policy that addresses decision making, consent and authorization as well as substitute decision making in accordance with 12 VAC 35-115-145 and 146.

(Name of provider) _____ has a policy that describes the complaint resolution process in accordance with 12-VAC 35-115-170.

(Name of provider) _____ has policies in accordance with all other sections of the human rights regulations applicable to the provider's service or program including 12 VAC 35-115-120, Work and 12 VAC 34-115-130 Research

(Name of Director) _____ has reviewed and understands the reporting requirements in 12 VAC 35-115-230.

(Name of Director) _____ has reviewed and understands the requirements for employee training, local human rights committee affiliation & support, and all other requirements in 12 VAC 35-115-250.

Director's signature

Date

Submit the completed form to Deb Lochart, Acting Director, Office of Human Rights by mail to P. O. Box 1797, Richmond, VA 23218, via fax at 804-371-2308 or email to deb.lochart@dbhds.virginia.gov

For questions call Deb Lochart 804-786-0032.